

L13000023511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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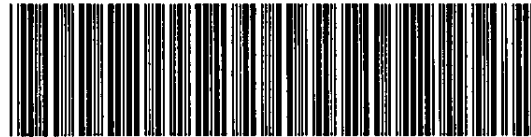
(Business Entity Name)

(Document Number)

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18 MAR 20 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

MAR 21 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2018

MYRIAN MARTINEZ
PRIMEHEALTH PHYSICIANS, LLC
14680 SW 8TH ST, SUITE 209
MIAMI, FL 33184-3138

SUBJECT: EDGARDO R. REYES-AYALA, M.D., L.L.C.
Ref. Number: L13000023511

We have received your document for EDGARDO R. REYES-AYALA, M.D., L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 418A00004646

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDGARDO R. REYES-AYALA, MD, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MYRIAN MARTINEZ

Name of Person

PRIMEHEALTH PHYSICIANS, LLC

Firm/Company

14680 SW 8TH ST, STE 209

Address

MIAMI, FL 33184-3138

City/State and Zip Code

s.dominguez@phpmds.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myrian Martinez at (305) 549-8937
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: EDGARDO R. REYES-AYALA, MD, LLC

2. (a) 1150 CAMPO SANO AVE, STE 420 (b) 1150 CAMPO SANO AVE, STE 430

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

CORAL GABLES, FL 33146-1174

CORAL GABLES, FL 33146-1174

02/16/2016

L13000023511

3. Date of filing/registration in Florida

4. Document number

5. (a) EDGARDO R. REYES-AYALA, MD

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1150 CAMPO SANO AVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 420

CORAL GABLES, FL 33146-1174

(b)

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5000 UNIVERSITY DR

NEW Registered Office Address:

SUITE 1100

CORAL GABLES, FL 33146-1174

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

EDGARDO R. REYES-AYALA, MD

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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TALLAHASSEE, FLORIDA