

L13 000 102 892



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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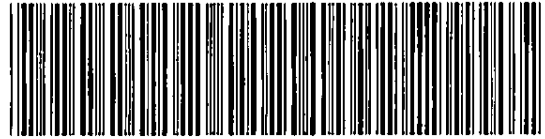
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Medical Integration, 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:

Jennifer Nolan, Paralegal

Name of Person

Nelson Mullins Riley & Scarborough LLP

Firm/Company

1222 Demonbreun Street, Suite 1700

Address

Nashville, TN 37203

City/State and Zip Code

cc@amidoctors.com

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

For further information concerning this matter, please call:

Jennifer Nolan at (615) 664-5306

Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Advanced Medical Integration, LLC

2. (a) Advanced Medical Integration, LLC (b) Advanced Medical Integration, LLC

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

601 Cleveland Street, Suite 600

1020 Sunset Point Rd #509

Clearwater, FL 33755

Clearwater, FL 33755

7/19/2013

L13000102892

3. Date of filing/registration in Florida

4. Document number

5. (a) Advanced Medical Integration, LLC

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

Attn: Coleen Carberry

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

601 Cleveland Street, Ste. 600

Clearwater, FL 33755

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Cogency Global Inc.

NEW Registered Office Address:

115 North Calhoun Street, Suite 4

Tallahassee, FL 32301

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TALLAHASSEE, FL

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.

Coleen Carberry
Signature of a member or authorized representative of a member

Coleen Carberry

Printed or typed name of signer

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.

Coleen Carberry
Signature of Registered Agent