

L14000037137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

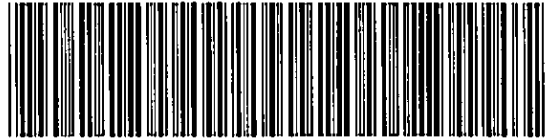
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



500319824035

10/22/18--01021--002 \*\*150.00

FILED  
OCT 22 9 11:35

10/31/18 DS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UF HEALTH SHANDS OCALA, 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:

BERNABE ICAZA

Name of Person

UF HEALTH SHANDS LEGAL SERVICES

Firm/Company

P. O. BOX 100303

Address

GAINESVILLE, FL 32610

City/State and Zip Code

icazab@shands.ufl.edu

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

For further information concerning this matter, please call:

BERNABE ICAZA at ( 352 ) 627-9045  
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

FILED

**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: UF HEALTH SHANDS OCALA, LLC

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

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

3007 S.W. WILLISTON ROAD, SUITE 1A

P. O. BOX 100303

GAINESVILLE, FL 32608

GAINESVILLE, FL 32610

March 5, 2014

L14000037137

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

JAMES M. ROBERTS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3007 S. W. WILLISTON ROAD, SUITE 1A

GAINESVILLE, FL 32608

(b) BERNABE ICAZA

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

BERNABE ICAZA

NEW Registered Office Address:

3007 S. W. WILLISTON ROAD, SUITE 1A

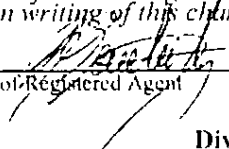
GAINESVILLE, FL 32608

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.

X   
Signature of a member or authorized representative of a member

EDWARD JIMENEZ, Chief Executive Officer  
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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00