

L140000046568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Adam Yormack
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 23 AM 9:11

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10 6.23.14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEL PRADO MEDICAL SERVICES, 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:

Adam Jacob Yormack

Name of Person

Yormack & Associates, P.A.

Firm/Company

1200 Brickell Avenue, STE 1950

Address

Miami, FL 33131

City/State and Zip Code

adam.yormack@yormackpa.com

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

For further information concerning this matter, please call:

Adam Jacob Yormack

at (303)

919- 4231

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2014

ADAM JACOB YORMACK
YORMACK & ASSOCIATES, P.A.
1200 BRICKELL AVENUE - STE. 1950
MIAMI, FL 33131

SUBJECT: DEL PRADO MEDICAL SERVICES, LLC
Ref. Number: L14000046568

We have received your document for DEL PRADO MEDICAL SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 014A00013034

**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: DEL PRADO MEDICAL SERVICES, LLC

2. (a) 8400 NW 25TH ST (b) 1200 BRICKELL AVENUE, STE 1950

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

STE 110

DORAL, FL 33122

MIAMI, FL 33131

03/20/2014

L14000046568

3. Date of filing/registration in Florida

4. Document number

5. (a) Yormack, P.A.

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

1202 GRANADA BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CORAL GABLES, FL 33134

(b) Yormack, P.A.

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

1200 Brickell Avenue, STE 1950

NEW Registered Office Address:

MIAMI, FL 33131

FILED STATE
SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
14 JUN 23 AM 9:11

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]
Signature of a member or authorized representative of a member

ADAM JACOB YORMACK

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.

[Signature]
Signature of Registered Agent

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