

L14000120314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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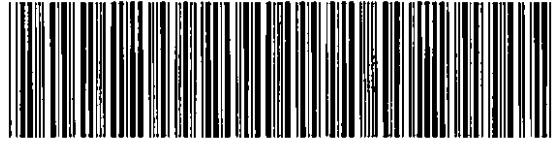
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QADRIMED PLLC

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:

DR. SYED IRFAN QADRI

Name of Person

QADRIMED PLLC

Firm/Company

661 E ALTAMONTE DR, STE 213

Address

ALTAMONTE SPRINGS, FL 32701

City/State and Zip Code

QADRIMEDPLLC@GMAIL.COM

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

For further information concerning this matter, please call:

MUJEEB QADRI

407

339-8330

at (_____)

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.

QADRIMED PLLC

1. Name of the limited liability company: QADRIMED PLLC
2. (a) 661 E ALTAMONTE DR, STE 213 (b) 661 E ALTAMONTE DR, STE 213
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701
- 07/31/2014 L14000120314
3. Date of filing/registration in Florida 4. Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

117 W UNDERWOOD ST, STE A

ORLANDO 32806
FL

DR. SYED IRFAN QADRI

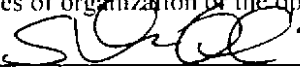
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

661 E ALTAMONTE DR, STE 213

NEW Registered Office Address:

ALTAMONTE SPRINGS 32701
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.



Signature of a member or authorized representative of a member

SYED IRFAN QADRI, MD

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 of Registered Agent

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

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA