

L14 000 146 562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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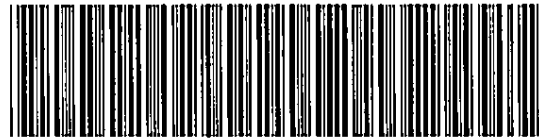
(Business Entity Name)

(Document Number)

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05/03/19--01016--016 **25.00

MAY 15 2019
S. YOUNG

FILED
19 MAY -3 PM 6:49
DALE A. HARRIS, CLERK
JAN 15 2019

GreenspoonMarder^{LLP}

Lee Lasris, Partner
PNC Building
200 East Broward Boulevard, Suite 1800
Fort Lauderdale, Florida 33301
Phone: 954.491.1120
Fax: 954.771.9264
Direct Phone: 954-333-4352
Direct Fax: 954.333.4112
Email: lee.lasris@gmlaw.com

March 19, 2019

VIA US MAIL

Genesis Critical Care Associates, LLC
9980 Central Park Blvd., Suite 322
Boca Raton, FL 33428
Attn: Mark Adelman, M.D.

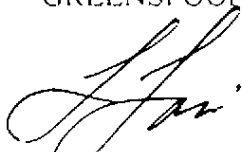
Re: Registered Agent for Genesis Critical Care Associates, LLC

Dear Dr. Adelman:

An annual report was filed with Sunbiz on 2/15/2019 for Genesis Critical Care Associates, LLC. Florida Health Law Center, PL is currently listed as the registered agent. The Florida Health Law Center is no longer in business. Florida law requires that the registered agent appointed for your company have a physical address in the state of Florida, is available during normal business hours, and is able to accept service of process, tax notifications, and annual report reminders on behalf of your company. The registered agent could be yourself or someone else who meets these requirements. If you wish to have me serve as your registered agent, please note we charge a \$200 annual fee for this service. In any event, you must appoint a registered agent to replace Florida Health Law Center.

Please advise how you would like to handle this. Feel free to contact me should you have any questions.

Very truly yours,
GREENSPOON MARDER, LLP



Lee Lasris

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Genesis Critical Care Associates 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:

Mark Adelman

Name of Person

Genesis Critical Care Associates LLC

Firm/Company

9980 Central Park Blvd -Ste 322

Address

Boca Raton, Fl. 33428

City/State and Zip Code

kenbaron44@gmail.com

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

For further information concerning this matter, please call:

Robert McClernon CPA

954

563-9004

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.

1. Name of the limited liability company: Genesis Critical Care Associates 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)

9980 Central Park Blvd - Ste 322

9980 Central Park Blvd - Ste 322

Boca Raton, Fl. 33428

Boca Raton, Fl. 33428

9/18/14

L14000146562

3. Date of filing/registration in Florida

4. Document number

5. (a) Florida Health Law Center

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

10200 W State Rd 84 - Suite 106

Davie, FL 33324

(b) Mark Adelman MD

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

NEW Registered Office Address:

9980 Central Park Blvd -Ste 322

Boca Raton, FL 33428

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

Mark Adelman

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

FILED
19 MAY -3 PM 6:49
TALLAHASSEE, FLORIDA

L17000

243167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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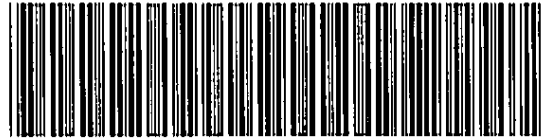
(Business Entity Name)

(Document Number)

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05/03/19--01016--006 **25.36

FILED
19 MAY -3 PM 6:50
TALLAHASSEE, FLORIDA
MAY 15 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MMT CREATIVE SOLUTIONS AND CONSULTING 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:

DEVIN JOHNSON
Name of Person

MMT CREATIVE SOLUTIONS AND CONSULTING, LLC
Firm/Company

14359 MIRAMAR PARKWAY, #509
Address

MIRAMAR, FL 33027
City/State and Zip Code

MSHAMERS88@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEVIN JOHNSON at (708) 612-1172
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: MMT CREATIVE SOLUTIONS AND CONSULTING, LLC

2. (a) 14359 MIRAMAR PARKWAY

Principal office address of limited liability company:

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

#509

MIRAMAR, FL 33027

(b) 14359 MIRAMAR PARKWAY

Mailing address of limited liability company:

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

#509

MIRAMAR, FL 33027

3. 11/27/2017

Date of filing/registration in Florida

4. L1700024

Document number

5. (a) THOMAS M. JOHNSON, JR.

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

3173 SW 141ST TERRACE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

DAVIE

, FL 33330

(b) THOMAS M. JOHNSON, JR.

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

14359 MIRAMAR PARKWAY


NEW Registered Office Address:

#509

MIRAMAR

, FL 33027

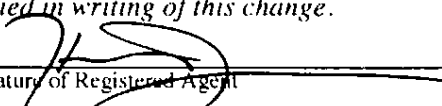
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

DEVIN JOHNSON

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

FILED
19 MAY -3 PM 6:50
TALLAHASSEE, FLORIDA