

L15000083186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

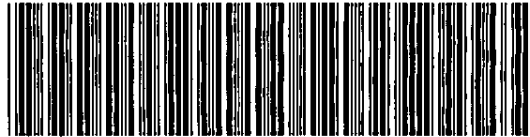
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 23 PM 6:24

FILED

K. SALY
EXAMINER
DEC -1 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2015

HEALTH ALLIANCE ACO, LLC
LOUIS MORGENIER
130 SE TRAMONTO
PORT ST. LUCIE, FL 34984

SUBJECT: HEALTH ALLIANCE ACO, LLC
Ref. Number: L15000083186

RECEIVED
15 NOV 23 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HEALTH ALLIANCE ACO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 215A00023413

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH ALLIANCE ACO, 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:

LOUIS MORGENIER

Name of Person

Firm/Company

130 SE TRAMONTA ST.

Address

PORT ST. LUCIE, FL 34984

City/State and Zip Code

LMORGENIER@HEALTHCAREDEVELOPMENT.COM

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

For further information concerning this matter, please call:

LOUIS MORGENIER at (772) 345-6700

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: HEALTH ALLIANCE ACO, LLC
2. (a) 130 SE TRAMONTO ST. (b) 130 SE TRAMONTO ST.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
PORT ST. LUCIE, FL 34984 PORT ST. LUCIE, FL 34984

3. 05/11/14 4. L15000083186
Date of filing/registration in Florida Document number

5. (a) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 HAYS STREET
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
TALLAHASSEE, FL 32301
_____, FL _____

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2015 NOV 23 PM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(b) LOUIS MORGENIER
Enter name of NEW Registered Agent and/or NEW Registered Office address:
130 SE TRAMONTO ST
NEW Registered Office Address:

PORT ST. LUCIE, FL 34984

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.

Louis Morgenier
Signature of a member or authorized representative of a member

Louis Morgenier
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.

Louis Morgenier
Signature of Registered Agent