

L16 000023673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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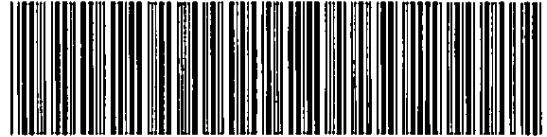
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 10 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ideal Family Practice, 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:

Cheryl Anders

Name of Person

Think Big Health Care Solutions, LLC

Firm/Company

11924 Forest Hill Blvd Ste 10A-413

Address

Wellington, Florida 33414

City/State and Zip Code

cheryl.anders@thinkbighcs.com

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

For further information concerning this matter, please call:

Cheryl Anders

at ( 561 ) 758.3360

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

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TALLAHASSEE, FLORIDA

**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: Ideal Family Practice, LLC
2. (a) 12955 Palms West Drive Ste 203  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Loxahatchee, Florida 33470
- (b) c/o Think Big Health Care Solutions, LLC  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
11924 Forest Hill Blvd Ste 10A-413  
Wellington, Florida 33414
3. 02/03/2016 Date of filing/registration in Florida
4. L16000023673 Document number
5. (a) Nancy Brown  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
c/o Think Big Health Care Solutions  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
11924 Forest Hill Blvd Ste 10A-413  
Wellington, FL 33414
- (b) Cheryl Anders  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
c/o Think Big Health Care Solutions  
NEW Registered Office Address:  
11924 Forest Hill Blvd Ste 10A-413  
Wellington, FL 33414

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Tina Dochaniak  
Signature of a member or authorized representative of a member

Tina Dochaniak  
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