

L16000047400

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**MAY 25 2017
S. YOUNG**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 24 PM 2:32**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kalman Physicians Group 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:

Arthur D Kalman
Name of Person

Kalman Physicians Group LLC
Firm/Company

1085 Normandie Way
Address

Vero Beach FL 32968
City/State and Zip Code

akalmanpmr@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Art Kalman at (912) 480 7040
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
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**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: Kalman Physicians Group LLC

2. (a) 1085 Normandie Way (b) 1085 Normandie Way
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Vero Beach FL 32960 Vero Beach FL 32960

3. 4/28/17 4. PC1771606726
Date of filing/registration in Florida Document number

5. (a) Mark S. Dickens
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7320 E. Fletcher Ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tampa FL 33637
_____, FL _____

(b) Arthur D. Kalman
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1085 Normandie Way
NEW Registered Office Address:
Vero Beach FL 32960

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
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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] Arthur Kalman
Signature of a member or authorized representative of a member 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]
Signature of Registered Agent

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000047400

Entity Name: KALMAN PHYSICIANS GROUP, LLC

Current Principal Place of Business:

7320 E. FLETCHER AVE.
TAMPA, FL 33637

Current Mailing Address:

7320 E. FLETCHER AVE.
TAMPA, FL 33637

FEI Number: 81-1714518

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DICKENS, MARK S
7320 E. FLETCHER AVE
TAMPA, FL 33637 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KALMAN, ARTHUR
Address 101 OBERON PLACE
City-State-Zip: MACON GA 31210

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TALLAHASSEE, FLORIDA
17 MAY 24 PM 2:32

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARTHUR KALMAN

MGR

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date