

L16000119195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

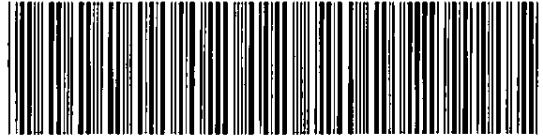
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TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNIVERSITY PARK HEART & VASCULAR, LLC
Name of Corporation

DOCUMENT NUMBER: L16000119195

The enclosed Statement of Change of Registered Office Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isam M Tahoun

Name of Contact Person

UNIVERSITY PARK HEART & VASCULAR, LLC

Firm/Company

9726 SW 106 Terr.

Address

Miami, FL 33176

City/State and Zip Code

isami@intmed.com

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

For further information concerning this matter, please call:

Isam M Tahoun

Name of Contact Person

at (786) 218-6241

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNIVERSITY PARK HEART & VASCULAR, LLC
2. The principal office address: 7000 SW 97th Ave, # 208 Miami, FL 33173
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 21st 2016 Document number: L16000119195
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ANDRES R PALOMO 7000 SW 97th Ave, # 208 Miami, FL 33173

RAFAEL ROMA, LLC 13800 SW 74 COURT PALMETTO BAY, FL 33158

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Isam M Tahoun 9726 SW 106 Terr, Miami, FL 33176

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Isam Tahoun

Signature of an officer or director

Jan 12th, 2024

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Andres R. Palomo, MD

Signature of Registered Agent

Jan 12th, 2024

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04-13)