

L16000120519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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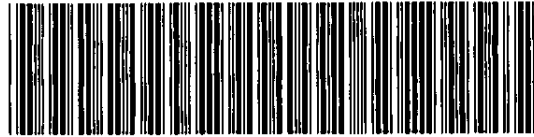
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 202479 7648597
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : July 5, 2016
ORDER TIME : 2:55 PM
ORDER NO. : 202479-005
CUSTOMER NO: 7648597

CHANGE OF AGENT

NAME: CLINICAL PHARMACOLOGY OF
MIAMI, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clinical Pharmacology of Miami, 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:

Lisa R. Samblanet - Paralegal

Name of Person

Ice Miller LLP

Firm/Company

250 West Street - Suite 700

Address

Columbus, Ohio 43215

City/State and Zip Code

lisa.samblanet@icemiller.com

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

For further information concerning this matter, please call:

Lisa R. Samblanet - Paralegal at (614) 462-1045
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: Clinical Pharmacology of Miami, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

550 West 84th Street, Hialeah, FL 33014

Mailing address of limited liability company:

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

550 West 84th Street, Hialeah, FL 33014

08/09/2006

3. _____
Date of filing/registration in Florida

L16000120519

4. _____
Document number

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

Stacy Dilzer

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

550 West 84th Street

Hialeah, FL 33014

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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.

Lori T. Wright
Signature of a member or authorized representative of a member

Lori T. Wright, President and CEO

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.

Courtney Williams
Signature of Registered Agent

Courtney Williams
Asst. Vice President

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