

L14000123327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

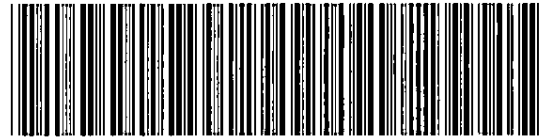
(Business Entity Name)

(Document Number)

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2023 MAY 16 AM 9:41

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2023 MAY 16 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 17 2023

K. Brumley

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

ACCOUNT NO. : I20000000195

REFERENCE : 753324 7872917

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : May 16, 2023

ORDER TIME : 10:40 AM

ORDER NO. : 753324-005

CUSTOMER NO: 7872917

CHANGE OF AGENT

NAME: SUNSHINE MEDICAL SYSTEMS  
ASSOCIATES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sunshine Medical Systems Associates, 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:

Judy Persson

Name of Person

Praesum Healthcare Services

Firm/Company

2328 10th Avenue N, Suite 300

Address

Lake Worth Beach, FL 33461

City/State and Zip Code

jpersson@praesumhealthcare.com; hblight@praesumhealthcare

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

For further information concerning this matter, please call:

Judy Persson

at ( 561 ) 318-4438

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

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

**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: Sunshine Medical Systems Associates, LLC
2. (a) c/o Praesum Healthcare Services  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
2328 10th Avenue Suite 300-301  
Lake Worth Beach, FL 33461  
7/1/16
- (b) c/o Praesum Healthcare Services  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
2328 10th Avenue Suite 300-301  
Lake Worth Beach, FL 33461  
L16000123327
3. Date of filing/registration in Florida 4. Document number

5. (a) Nathan Nason  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Nason Yeager, et al.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
3001 PGA Blvd. #305  
Palm Beach Gardens, FL 33410

- (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.

Signature of a member or authorized representative of a member

Timothy Doran

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 of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00**