

L7000681575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

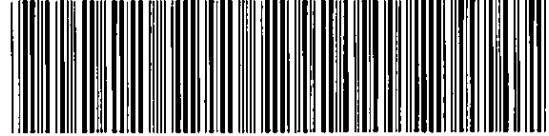
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2022 JAN 18 AM 11:43

2022 JAN 18 AM 9:30

ALLAHABAD, INDIA

SECRETARY OF STATE
TALLAHASSEE, FL

JAN 21 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2022

CSC

SUBJECT: THE CORE MEDICAL CENTER LLC
Ref. Number: L17000081575

RESUBMIT
Please give original
submission date as file date.

We have received your document for THE CORE MEDICAL CENTER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 322A00001431

RECEIVED

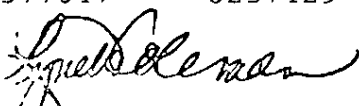
2022 JAN 20 AM 11:35

TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 377047 8257429

AUTHORIZATION : 

COST LIMIT : \$25.00

ORDER DATE : January 13, 2022

ORDER TIME : 10:03 AM

ORDER NO. : 377047-090

CUSTOMER NO: 8257429

CHANGE OF AGENT

NAME: THE CORE MEDICAL CENTER 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: THE CORE MEDICAL CENTER 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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: THE CORE MEDICAL CENTER LLC

2. (a) 2 South Biscayne Boulevard

Principal office address of limited liability company:

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

Suite 200

Miami, FL 33131

(b) 2 South Biscayne Boulevard

Mailing address of limited liability company:

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

Suite 200

Miami, FL 33131

04/11/2017

L17000081575

3. Date of filing/registration in Florida

4. Document number

5. (a) Didier Choukroun

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2 South Biscayne Boulevard

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 200

Miami, FL 33131

(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

FILED
2022 JAN 18 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Didier Choukroun
Signature of a member or authorized representative of a member

Didier Choukroun

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.

Ernest Bar
Signature of Registered Agent