

L17000202155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 NOV - 1 PM 11:17

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2017

LINDA MARTINEZ
3901 NW 79TH AVENUE SUITE 120
DORAL, FL 33166 US

SUBJECT: DORAL MEDICAL PROFESSIONALS, LLC
Ref. Number: L17000202155

We have received your document for DORAL MEDICAL PROFESSIONALS, 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 designation of the registered agent must be at a Florida street address.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 117A00021447

2017 NOV -1 AM 11:33

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doral Medical Professionals 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:

Linda Martinez

Name of Person

Doral Medical Professionals

Firm/Company

3901 NW 79th Avenue Suite 120

Address

Doral, Florida 33166

City/State and Zip Code

LindaMartinezMD@gmail.com

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

For further information concerning this matter, please call:

Linda Martinez

at (954) 909-7232

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: Doral Medical Professionals LLC

2. (a) 3901 NW 79th Avenue Suite 120 (b) 3901 NW 79th Avenue Suite 120
Principal office address of limited liability company Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Doral, FL 33166

Doral, FL 33166

09/29/2017

L17000202155

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

5. (a) Alejandro Oporta
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3901 NW 79th Avenue Suite 120
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Doral, FL 33166

(b) Linda Martinez
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

3901 NW 79th Avenue Suite 120

Doral, FL 33166

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.

Alejandro Oporta

[Signature]
Signature of a member or authorized representative of a member

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.

[Signature]
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA