

L17000237718

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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18 DEC -4 AM 8:55
TALLAHASSEE, FLORIDA

RECEIVED

2018 DEC -3 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FL

LLC REGISTERED AGENT CHANGE
WOMEN'S CARE FLORIDA SURGICAL CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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DEC 5 2018

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Women's Care Florida Surgical 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:

Mary Castillo

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Suite 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

at (888)

705-7274

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

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TALLAHASSEE, FLORIDA

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: Women's Care Florida Surgical Center, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
5002 WEST LEMON STREET
TAMPA, FL 33609

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
5002 WEST LEMON STREET
TAMPA, FL 33609

3. 11/17/2017 Date of filing/registration in Florida

4. L17000237718 Document number

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

MINTZ, ANDREW

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5002 WEST LEMON STREET

TAMPA 33609
FL

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

Registered Agent Solutions, Inc.

NEW Registered Office Address:
155 Office Plaza Dr. Suite A

Tallahassee 32301
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.

/s/ Ignacio Armas

Signature of a member or authorized representative of a member

Ignacio Armas

Authorized Person

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.

Justine Karnell
Signature of Registered Agent Assistant Secretary

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

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18 DEC -4 AM 8:55
TALLAHASSEE, FLORIDA