

48000030203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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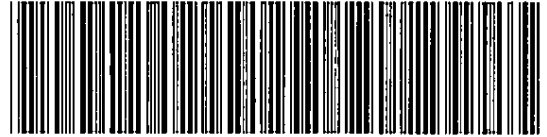
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2018

CHRISTINE RAMOS
3461 FAIRLANE FARMS RD
WELLINGTON, FL 33414

SUBJECT: INDEPENDENT MULTISPECIALTY GROUP OF FLORIDA, LLC
Ref. Number: L18000030203

We have received your document for INDEPENDENT MULTISPECIALTY GROUP OF FLORIDA, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative. ✓

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) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 818A00024732

DEC 13 2018 13:13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Independent Multispecialty Group of Florida
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:

Christine Ramos

Name of Person

Firm/Company

3461 Fairlane Farms Rd

Address

Wellington, FL 33414

City/State and Zip Code

cramos@independentimaging.com

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

For further information concerning this matter, please call:

Christine Ramos

Name of Person

at (561)

801-1223

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: Independent Multispecialty Group of Florida LLC

2. (a) 3461 Fairlane Farms Rd (b) 3461 Fairlane Farms Rd

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Wellington, FL 33414

Wellington, FL 33414

3. 02/02/2018 4. L18000030203
Date of filing/registration in Florida Document number

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

Trevino, Andrea

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3461 Fairlane Farms Rd
Wellington, FL 33414

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

Christine Ramos

NEW Registered Office Address:

3461 Fairlane Farms Rd

Wellington, FL 33414

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]
Signature of a member or authorized representative of a member

Arthur Hansen
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

DEC 13 2:11:19