

8/18/22, 1:43 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
 Account Number : 075410002172
 Phone : (239)344-1100
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC REGISTERED AGENT CHANGE
M&H MED HOUSECALLS, LLC

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C. BRUMBLEY

AUG 19 2022

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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.

- Name of the limited liability company: M&H Med Housecalls, LLC
- 1407 Viscaya Parkway
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Unit 2
Cape Coral, FL 33990
 - 1407 Viscaya Parkway
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Unit 2
Cape Coral, FL 33990
- 3/29/2018
Date of filing/registration in Florida
- L18000079026
Document number
- HF Registered Agents, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
HF Registered Agents, LLC
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1715 Monroe Street
Fort Myers, FL 339901
 - Spectrum Medical Partners, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Spectrum Medical Partners, Inc.
NEW Registered Office Address:
525 Technology Park, Suite 109
Lake Mary, FL 32746

FILED
2022 AUG 18 PM 2:39
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.

Anand Raj
Signature of a member or authorized representative of a member

Anand Raj Mahadevan, M.D.
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.

Steve Fehr
Signature of Registered Agent

By: Steve Fehr, CFO

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

INHS18 (2/14)

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