



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: \_\_\_\_\_

RECEIVED

2023 MAR 22 PM 12:07

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
MD CLINICAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2023 MAR 22 PM 3:16

LLC

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MD CLINICAL, 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

Corporate Center One, 5301 Southwest Pkwy, Ste 400

\_\_\_\_\_  
Address

Austin, TX 78735

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Mary Castillo

888

705-7274

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

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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.

1. Name of the limited liability company: MD CLINICAL, LLC

2. (a) 911 E HALLANDALE BEACH BLVD (b) 807 E MAIN ST, STE 6-100  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

HALLANDALE BEACH, FL 33009

DURHAM, NC 27701

12/5/2018

L18000281468

3. Date of filing/registration in Florida

4. Document number

5. (a) CT CORPORATION SYSTEM

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

1200 SOUT PINE ISLAND ROAD

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

PLANTATION, FL 33324

(b) Registered Agent Solutions, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

155 Office Plaza Dr.

**NEW** Registered Office Address:

Suite A

Tallahassee, FL 32301

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/ Jamie Wilkerson  
Signature of a member or authorized representative of a member

Jamie Wilkerson **Manager**  
Printed or typed name of signee

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.

Mackenzie Hibler  
Signature of Registered Agent **Mackenzie Hibler, Asst. Secretary**