LZ00002Z5Z59

(Re	questor's Name)	
(Ad	dress)	
	dress)	·
(Au	uiess)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
/Ru	siness Entity Nar	ma)
Dd)	Siness Chury Hai	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
		-
Special Instructions to	Filing Officer:	
		ļ

Office Use Only



000352469660

09/29/20--01016--019 **25.00

SEP 2 8 2020

2020 SEP 28 AM 10: 2

10 11/2/20

COVER LETTER

Divi	sion of Corporations					
SUBJECT:	Memorial Medical Group of South Florida, LLC					
SOIMILE I.	Name of Lin	mited Liability Company				
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.				
Please return	all correspondence concerning this matter	r to the following:				
Lisa Marshall	I					
-	Name of Person					
MEMORIAL	MEDICAL GROUP OF SOUTH FLORIDA,	LLC				
	Firm/Company					
16000 Pines I	Boulevard #822503					
	Address					
Pembroke Pir	nes, FL 33082-2503					
	City/State and Zip Code					
lmarshall@m	emorialflorida.com					
E-mail	address: (to be used for future annual repo	ort notification)				
For further in	nformation concerning this matter, please	call:				
Lisa Marshall	1 at (754 273-0885				
	Name of Person	Area Code & Daytime Telephone Number				
Reg Div P.O	iling Address: distration Section distration of Corporations distration of Educations distration Section distration of Corporations distration Section Section distration Section Section distration Section Section Section Section Section Section distration Section Secti	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	losed is a check for the following amoun	ıt:				
■ \$	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

Registration Section

TO:

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.

address of limited liability company: #UST BE STREET ADDRESS pulevard, STE 555-S 21-6853 ing/registration in Florida				<i>BE POST 0</i> #822503					
address of limited liability company: #UST BE STREET ADDRESS pulevard, STE 555-S 21-6853		16000 Pi	(Note: MAY ines Boulevard, te Pines, FL 330	<i>BE POST 0</i> #822503					
21-6853	— —	Pembrok	te Pines, FL 330						
				82-2503					
ing/registration in Florida		L2000022				Pembroke Pines, Fl. 33082-2503			
ing/registration in Florida			.5259						
	4.		Document n	umber					
Registered Office shown on the record	ls of the Florid	ia Dept. of Si	tate:						
ress (MUST BE FLORIDA STRE	ETADDRES		<u> </u>		20				
16000 Pines Boulevard #822503					20 St	TRINGT SOLVE			
	FL 33082-2	2503	_		\sim	्रिक्ष करणाः स्थापः प्रदानः			
				SS\ 0_1		rr:			
egistered Agent and/or NEW Regist	ered Office a	ddress:	<u></u>	EE, FL	H 10: 22	O			
ce Address:			_						
	33021-6	5853							
de, the Florida street address of in the case of a Florida limite affirmative vote of the member or the operating agreement of a member of a registered agent and elative to the proper and complian as registered agent as provin the registered office address in the registered office address	the register d liability cors of the limited Lis	red office a company, it mited liability co a Marshall	and the busines is hereby contity company of the printed or type practity. I furth y duties and I	s office of firmed that r as otherwed name of seed name of seed name to a complete the complete that the the complete tha	the rethe chivise project	gistered lange(s) ovided in ly with the			
	dress (MUST BE FLORIDA STRE ward #822503 Registered Agent and/or NEW Regist fice Address: oulevard, STE 555-S apany is not organized under the de, the Florida street address of r, in the case of a Florida limite n affirmative vote of the member affirmative vote of the member interest as registered agent and relative to the proper and comp	dress (MUST BE FLORIDA STREET ADDRES) ward #822503	registered Agent and/or NEW Registered Office address: apany is not organized under the laws of the State of the Florida street address of the registered office are, in the case of a Florida limited liability company, in affirmative vote of the members of the limited liability of the operating agreement of the limited liability company is not organized under the days of the state of the affirmative vote of the members of the limited liability of the operating agreement of the limited liability of the operation as registered agent and agree to act in this capitality to the proper and complete performance of methods agreed to the proper and complete of the proper and complete of the registered agent as provided for in Chapter of in the registered office address. I hereby confirm the	Registered Agent and/or NEW Registered Office address: ice Address: oulevard, STE 555-S Inpany is not organized under the laws of the State of Florida, it is he de, the Florida street address of the registered office and the busines r, in the case of a Florida limited liability company, it is hereby control affirmative vote of the members of the limited liability company of the operating agreement of the limited liability company. Lisa Marshall Printed or type intent as registered agent and agree to act in this capacity. I further that it is the proper and complete performance of my duties, and I thin as registered agent as provided for in Chapter 605, F.S. Or, if in the registered office address, I hereby confirm that the limited liability and the limited liability that the limited liabil	tress (MUST BE FLORIDA STREET ADDRESS) vard #822503 FL 33082-2503 Registered Agent and/or NEW Registered Office address: paper is not organized under the laws of the State of Florida, it is hereby confinde, the Florida street address of the registered office and the business office of r, in the case of a Florida limited liability company, it is hereby confirmed that a affirmative vote of the members of the limited liability company or as otherways or the operating agreement of the limited liability company. Lisa Marshall Printed or typed name of some interest of the proper and complete performance of my duties, and I am familiation as registered agent as provided for in Chapter 605, F.S. Or, if this docum in the registered office address. I hereby confirm that the limited liability com	Area #822503 FL 33082-2503 FL 33082-2503 FL 33082-2503 FL 33021-6853 Appany is not organized under the laws of the State of Florida, it is hereby confirmed the de, the Florida street address of the registered office and the business office of the registered of a Florida limited liability company or as otherwise properties of the imited liability company. Lisa Marshall Printed or typed name of signee of the proper and complete performance of my duties, and I am familiar with the company of the proper and complete performance of my duties, and I am familiar with the registered office address. I hereby confirm that the limited liability company of the l			

.