

L 99000005645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

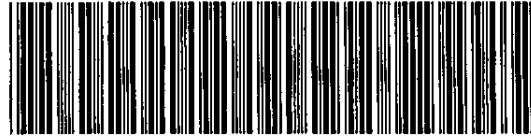
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300269325483

02/17/15--01024--021 **55.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB 17 PM 4:04

FEB 23 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Consolidated Medical Associates 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:

Patrick D. Harney

Name of Person

Consolidated Medical Associates LLC

Firm/Company

3363 Sheridan Street Suite 207

Address

Hollywood, FL 33021

City/State and Zip Code

patrickharney@msn.com

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

For further information concerning this matter, please call:

Patrick D. Harney at (954) 964-2450
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

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: Consolidated Medical Associates LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

3363 Sheridan Street #207

Hollywood, FL 33021

Mailing address of limited liability company:

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

5700 Oakdale Tererace

Hollywood, FL 33312

L99000005645

3. _____ Date of filing/registration in Florida 4. _____ Document number

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

Lawrence M. Ploucha

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 E. Las Olas Blvd #500

Fort Lauderdale, FL 33301

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

Patrick D. Harney

NEW Registered Office Address:

5700 Oakdale Terrace

Hollywood, FL 33312

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB 17 PM 4:04

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.

Patrick D. Harney
Signature of a member or authorized representative of a member

Patrick D. Harney

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.

Patrick D. Harney
Signature of Registered Agent

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