

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****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
12 MAR -7 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
ULTIMATE MEDICAL ACADEMY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR -7 AM 8:26

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Corporate Filing Menu

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B. BOSTICK

MAR - 8 2012

EXAMINER
3/7/2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ultimate Medical Academy, 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:

Nicholas Janiga

Name of Person

Ultimate Medical Academy, LLC

Firm/Company

26 W. 17th Street, 4th Floor

Address

New York, NY 10011

City/State and Zip Code

njaniga@conversionpt.com

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

For further information concerning this matter, please call:

Nicholas Janiga

Name of Person

at (212)

677-9898

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

INT1518 (5/08)

SECRET
TALLAHASSEE, FLORIDA

12 MAR -7 AM 8:26

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: ULTIMATE MEDICAL ACADEMY, LLC
2. (a) Principal office address of limited liability company: _____
 (Note: **MUST BE STREET ADDRESS**) 3101 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33607
- (b) Mailing address of limited liability company: _____
 (Note: **MAY BE POST OFFICE BOX**) 26 W. 17TH STREET 4TH FLOOR
NEW YORK, NY 10011
- 01/13/2005 _____
 3. Date of filing/registration in Florida 4. Document number M05000000354
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 Registered Agent: NATIONAL CORPORATE RESEARCH, LTD.
 Registered Office Address: 155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: CT Corporation System
NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

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.

Steven Kamler

Signature of a member or authorized representative of a member

Steven Kamler, Member

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 608, 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.

By: Virginia G. Flack
 Signature of Registered Agent Virginia G. Flack, Assistant Secretary
 Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
 FILING FEE: \$25.00