M0800000 4170

(Requestor's Name)								
(requestes a reality)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Business Emily Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

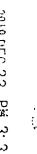




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2019 DEC 23 PH 3: 34



C COLDEN

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	CB Medical North, LLC						
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Of	Tice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning the	his matter to the f	following:				
Mary A	A. McGillicuddy						
	Name of Person		_				
Lee Mo	emorial Health System						
	Firm/Company		_				
4211 M	letro Parkway, Legal Services, Lee Health	Corporate Center					
	Address		_				
Fort My	yers, FL 33916						
	City/State and Zip Code		_				
LMHS.	.CourtDocs@l.eeHealth.org						
E	-mail address: (to be used for future and	nual report notific	cation)				
For fur	ther information concerning this matter	, please call:					
Mary A	McGillicuddy	239	343-8550				
	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	g amount:					
	■ \$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy				
INHS18	(2/14)						

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. N	ame of the limited liability company: CB Medical North,	LLC		_		
2. (a)	CB Medical North, LLC		(b)	CB Medical North, L	.LC	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing addr	ress of limited liability c	
	2780 Cleveland Avenue, MOC 459			2780 Cleveland Avenu	ue, MOC 459	
	Fort Myers, FL 33901	_		Fort Myers, FL 33901		
	09/12/2008		N	408000004170		
3.	Date of filing/registration in Florida	4.		Document	t number	
5. (a)	Mary A McGillicuddy					
. ,	Registered Agent and Registered Office shown on the records of the 2780 Cleveland Avenue	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRE.	<u>SS)</u>	<u> </u>		
	MOC 459				201	
	Fort Myers 3	3901			5019 DE v	
	, FL_			-	5	
(b)	Mary A. McGillieuddy				23	
(-)	Enter name of NEW Registered Agent and/or NEW Registered O	Mice 2	ddı	ess:	PH	
					ယ္	
	Legal Services, Lee Health Corporate Center				34	
	NEW Registered Office Address:					
	4211 Metro Parkway	_				
	Fort Myers FL. 3.	3916				
agent v was/we the arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of the cless of organization or the operating agreement of the limited street.	giste ility c the lii	red om nite	office and the busine pany, it is hereby con- ed liability company	ess office of the reg	istered
Signa	ture of a member or authorized representative of a member			Printed or ty	ped name of signee	
the ohl to merc notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided filly reflect a change in the registered office address, I her I in writing of this change. Which I have been to Registered Agent	to ac rform or in eby c	t in tan Chi onj	this capacity. I furt ce of my duties, and a upter 605, F.S. Or, i firm that the limited l	ther agree to compl I am familiar with i if this document is t liability company h	y with the and accept being filed as been