

# M16000009558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

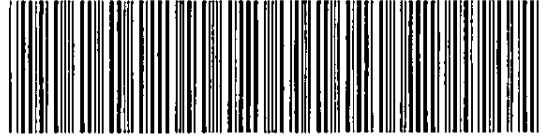
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

2024 SEP 30 AM 10:26

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\$25

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP: JENA 9/23

	CERTIFIED COPY	_____
XX	PHOTOCOPY	_____
	CUS	_____
XX	FILING	<u>LLC AMEND</u>

1. MB MEDICAL OPERATIONS, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2024

CORPORATE ACCESS

SUBJECT: MB MEDICAL OPERATIONS, LLC  
Ref. Number: M16000009558

*Corrected*

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2024 SEP 30 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MB MEDICAL OPERATIONS, LLC and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY, but your entity is a FOREIGN LIMITED LIABILITY.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 724A00021375

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MB Medical Operations, LLC

Enter new principal office address, if applicable: 7500 SW 8th Street

(Principal office address  
MUST BE A STREET ADDRESS)

Suite 400

Miami, FL 33144

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

7500 SW 8th Street

Suite 400

Miami, FL 33144

2. The Florida document number of this limited liability company is: M16000009558

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: November 30, 2016

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Paul McBride

New Registered Office Address: 7500 SW 8th Street, Suite 400

Enter Florida Street Address

Miami

Florida

33144

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

Signed by  
Paul M. McBride, II  
2713088F27E4426

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AP</u>	<u>Xavier Alarcon</u>	<u>1400 NW 107th Avenue, Suite 500</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33172</u>	<input checked="" type="checkbox"/> Remove
<u>P, CEO</u>	<u>Paul McBride</u>	<u>7500 SW 8th Street, Suite 400</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33144</u>	<input type="checkbox"/> Remove
<u>CFO</u>	<u>Claudio Kapusta</u>	<u>7500 SW 8th Street, Suite 400</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33144</u>	<input type="checkbox"/> Remove
<u>COO</u>	<u>Douglas Johnson</u>	<u>7500 SW 8th Street, Suite 400</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33144</u>	<input type="checkbox"/> Remove
<u>CTO</u>	<u>Eric Santiago</u>	<u>7500 SW 8th Street, Suite 400</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33144</u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

Signed by  
Paul M. McBride, II  
37160000 226 A498  
Signature of the authorized representative  
  
Paul McBride  
Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

8. Authorized Persons (continuation)

		Title	Name	Address
<input type="checkbox"/> Change	CRO		Nick Campbell	7500 SW 8 <sup>th</sup> Street, Suite 400
<input checked="" type="checkbox"/> Add				Miami, FL 33144
<input type="checkbox"/> Remove				
<input type="checkbox"/> Change	MBR		Rodolfo Dumenigo, MD	1400 NW 107 <sup>th</sup> Avenue, Suite 500
<input type="checkbox"/> Add				Miami, FL 33172
<input checked="" type="checkbox"/> Remove				

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