

M2000 000 6255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

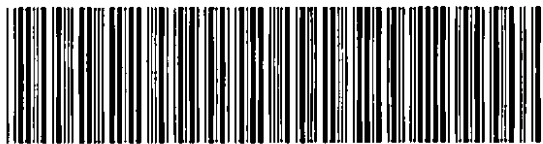
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A. BUT.

DEC - 6 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MONARCH PSYCHIATRIC NP 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:

DUROVICH, ELIZABETH N

Name of Person

MONARCH PSYCHIATRIC NP PLLC

Firm/Company

4611 S University Drive #202

Address

Davie FL 33328

City/State and Zip Code

secure@monarchpsychiatric.com

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

For further information concerning this matter, please call:

ELIZABETH N DUROVICH

Name of Person

at ( 929-276-1696

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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 12/01/2022

**\*\*WALK IN\*\***

ENTITY NAME MONARCH PSYCHIATRIC NP LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25

ACCOUNT # I20140000108  
United Corporate  
Services, Inc.

*Keith Leppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

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**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.*

MONARCH PSYCHIATRIC NP LLC

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

515 MADISON AVENUE, 21ST FLOOR

4611 S University Drive, #202

NEW YORK, NY 10022

Davie, FL 33328

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

5. (a) United Corporate Services, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

United Corporate Services, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

UNITED CORPORATE SERVICES, INC.

9200 SOUTH DADELAND BLVD, SUITE 508

FL

MIAMI, FL 33156 US

(b) United Corporate Services, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

United Corporate Services, Inc.

**NEW** Registered Office Address:

3458 Lakeshore Drive

Tallahassee, Florida 32312

FL

FILED  
2022 DEC -1 AM 10:31  
TALLAHASSEE, FL  
STATE

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.

Elizabeth Durovich

Signature of a member or authorized representative of a member

Elizabeth N Durovich

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.*

Michael A. Barr

Signature of Registered Agent

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



FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE  
Division of Corporations TALLAHASSEE, FLORIDA

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2022 DEC -5 AM 10:07

December 2, 2022

SUNSHINE STATE CORPORATED COMPLIANCE COMPANY

SUBJECT: MONARCH PSYCHIATRIC NP LLC  
Ref. Number: M20000006255

**CORRECTED**  
Please Allow For  
Same File Date

We have received your document for MONARCH PSYCHIATRIC NP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU DID NOT GIVE A NAME OF NEW REGISTERED AGENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 022A00026646