

M 20000008059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

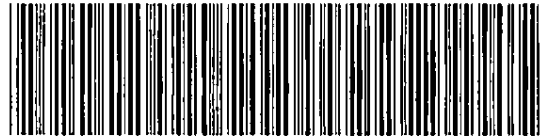
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED FILED

2022 MAY 23 PM 3:40 2022 MAY 23 AM 10:00

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

cf 5/24/2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 05/23/2022
Acc#I20160000072

en: c SW

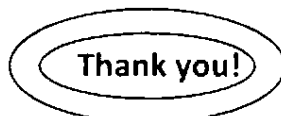
Name:	Vivamas Medical Center - Hialeah, LLC
Document #:	
Order #:	14344321

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIVAMAS MEDICAL CENTER - HIALEAH, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Niambi Emanuel

Name of Person

MMM of Florida, Inc.

Firm/Company

5775 Blue Lagoon Drive, Suite 450

Address

Miami, FL 33126

City/State and Zip Code

Niambi.Emanuel@mmm-fl.com

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

For further information concerning this matter, please call:

Niambi.Emanuel@mmm-fl.com

Name of Person

at (786) 584-4600 ext. 71017

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:

☐ 5 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

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

2022 MAY 23 AM 10:01

SECTION I (1-4 must be completed)

SECRET STATE
TALLAHASSEE, FL

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

State: VIVAMAS MEDICAL CENTER - HIALEAH, LLC

Enter new principal office address, if applicable: 1565 West 29th Street,

(Principal office address

MUST BE A STREET ADDRESS)

Hialeah FL 33012

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

5775 BLUE LAGOON DR STE 450

MIAMI, FL 33126

2. The Florida document number of this limited liability company is: M20000008059

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/15/2020

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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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.

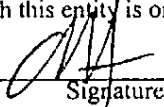
If Changing Registered Agent, Signature of New Registered Agent

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

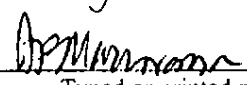
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Ron Schutzen	5775 BLUE LAGOON DR STE 450	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33126	<input type="checkbox"/> Remove
President & COO	Tony Mazzorana	5775 BLUE LAGOON DR STE 450	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33126	<input type="checkbox"/> Remove
CFO	Claude Chevance	5775 BLUE LAGOON DR STE 450	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33126	<input type="checkbox"/> Remove
Secretary	Paul Klausner	5775 BLUE LAGOON DR STE 450	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.



Signature of the authorized representative



Typed or printed name of signee

Filing Fee: \$25.00