

PO2000100377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

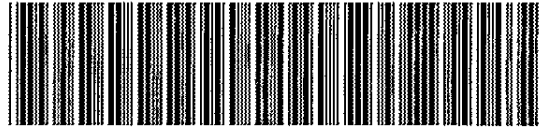
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100008509571

FILED  
OCT 23 PM 4:19  
SECRET  
FALL 2002

100008509571  
10/23/02--01068--002 \*\*148.75

LA Chang  
T. Lewis 10/24/02

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BAPTIST MEDICAL FAMILY SERVICES, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** P02000100377

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

JODY LEHMAN, ESQ.

(Name of person)

BAPTIST MEDICAL FAMILY SERVICES, INC.

(Name of firm/company)

6855 RED ROAD, SUITE 600

(Address)

CORAL GABLES, FLORIDA 33143

(City/state and zip code)

For further information concerning this matter, please call:

JODY LEHMAN, ESQ.

(Name of person)

at (

305

)

661-0363 EXT. 3358

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BAPTIST MEDICAL FAMILY SERVICES, INC.
2. The principal office address: 6855 RED ROAD, SUITE 600, CORAL GABLES, FLORIDA 33143
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: September 17, 2002 Document number: P02000100377

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KYLE R. SAXON, ESQ.

1700 ALFRED I. DUPONT BUILDING, 169 EAST FLAGLER STREET

MIAMI, FLORIDA 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (changed):

JODY LEHMAN, ESQ.

6855 RED ROAD, SUITE 600

(P.O. Box or personal mailbox NOT acceptable)

CORAL GABLES, FLORIDA 33143

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer, chairman or vice chairman of the board)

JAVIER HERNANDEZ-LICHTL, CEO

(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

9-24-02  
(Date)

If signing on behalf of an entity:

Bapt  
(Typed or Printed Name)

(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
02 OCT 23 PM 4:19  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE