

P09000022199

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE
JOHN SERPA MD P.A.

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JAN 27 2021

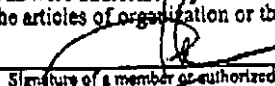
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATION**

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. Name of the corporation: John Serpa MD P.A.
2. (a) 1800 W. 88th Street, Suite 114
Principal office address of corporation:
(Note: MUST BE STREET ADDRESS)
Suite 114
Hialeah, Florida 33014
- (b) _____
Mailing address of corporation:
(Note: MAY BE POST OFFICE BOX)

3. 03/10/2009 Date of filing/registration in Florida 4. P09000022199 Document number
5. (a) Ruben Spinnrad P.L.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
631 US Highway One
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
Suite 203
North Palm Beach, FL 33408
- (b) Sarah B. Klee, Esq.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
150 W. Flagler Street
NEW Registered Office Address:
Suite 2200
Miami, FL 33130

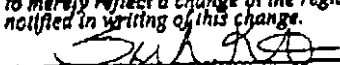
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

John A. Serpa, MD, President

Printed or typed name of signer

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.


Signature of Registered Agent

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