## P10000053348

| (Requestor's Name)                      |                    |           |  |  |  |  |  |
|---|--------------------|-----------|--|--|--|--|--|
| (Address)                               |                    |           |  |  |  |  |  |
| (Address)                               |                    |           |  |  |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | e#)       |  |  |  |  |  |
|   | WAIT               | MAIL      |  |  |  |  |  |
| (Bu                                     | siness Entity Nan  | ne)       |  |  |  |  |  |
|   |                    |           |  |  |  |  |  |
| (LX                                     | ocument Number)    |           |  |  |  |  |  |
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TALLAHASSEF E STATE

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## **COVER LETTER**

| SURIFCT:                         | VHS Hol               | dinas, P.A.                       | •          |             | •              |
|----------------------------------|-----------------------|-----------------------------------|------------|-------------|----------------|
| SUBJECT:                         | Name                  | of Corporation                    | ,          |             | ·              |
| DOCUMENT NUMBER:                 | F                     | 100000533                         | 348        |             |                |
| The enclosed Statement of Cha    | nge of Registered (   | Office/Agent and                  | d fee a    | re submitte | ed for filing  |
| Please return all correspondence | e concerning this n   | natter to the follow              | owing:     |             |                |
|                                  | Lori <u>C</u> .       | Desnick, Esc                      | q          |             |                |
|                                  | Name o                | f Contact Perso                   | n          |             |                |
|                                  |                       | Holdings, P.A                     | · <u> </u> |             | <u> </u>       |
|                                  | Fir                   | m/Company                         |            |             |                |
|                                  | 3601 SW 160           |                                   | uite 2     | 50          |                |
|                                  |                       | Address                           |            |             |                |
|                                  | Mirama                | r, Florida 330<br>ate and Zip Cod | 27         |             |                |
|                                  | City/Sta              | ate and Zip Cod                   | e          |             |                |
| <del></del>                      | ldesnick@wo           |                                   |            |             | <del>, .</del> |
| E-mail add                       | dress: (to be used    | for future annu                   | ual rep    | ort notifi  | cation)        |
| For further information concern  | ning this matter, ple | ease call:                        |            |             |                |
| Lori C. Desn                     | ick. Esa.             | at (                              | 954        | )           | 213-62         |
| Name of Conta                    |                       | at (at (S                         | a Code     | & Daytin    | ne Telephon    |

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH . FOR CORPORATIONS

| Pursuant to the provisions of sections of sections of change is submitted functionally in order to change its regions.   | or a corporation org   | ganized under the lav  | ws of the State  | of Florida   |
|--|--|--|--|--|
| 1. The name of the corporation: V  |  |  |  |  |
| 2. The principal office address: 3   |  |  | 0, Miramar,  | Florida 33027  |
| 3. The mailing address (if differen  | nt):_N/A   |  |  |  |
| 4. Date of incorporation/qualificat  | tion: 6/24/20  | 10 Document  | number:  | P10000053348   |
| 5. The name and street address of Florida Department of State: (I  |  |  | ed office on file  | e with the electrical Total  |
| Lori C. Desni  | ck, Esq.   | <u>.</u>   | <del></del>  | 最らに  |
| 300 71st Stre  | et, Suite 620  |  |  | SSERIO PL  |
| Miami Beach  | , Florida 33141  |  |  | 750 18   |
| 6. The name and street address of (if changed):  | the new registered a   | agent (if changed) an  | d /or registered   | I office   |
| Lori C. Desni  | ck, Esq  |  |  | <del></del>  |
| 3601 SW 166  | Oth Avenue, Suit   |  |  |  |
| Miramar, Flo   |  | NOT acceptable   |  |  |
| The street address of its registere as changed will be identical.  | ed office and the str  | eet address of the b   | usiness office   | of its registered agent,   |
| Such change was authorized by authorized by the board, or the c  |  |  |  |  |
| Signature of an officer or direc   | lor  | Amee   | t Vohra, M.I   | D., President .  |
| I hereby accept the appointment<br>I further agree to comply with the<br>of my duties, and I am familiar valocument is being filed merely to<br>corporation has been notified in | as registered agen<br>he provisions of all<br>with and accept the<br>o reflect a change i<br>writing of this cha | t and agree to act in<br>statutes relative to t<br>obligation of my po<br>n the registered offi-<br>nge. | this capacity<br>he proper and<br>sition as regis<br>ce address, I h | complete performance<br>stered agent. Or, if this<br>vereby confirm that the |
| Loi C. Desn  | ich_   | 12-16-   | - 2010   |  |
| Signature of Registered A  If signing on behalf of an entity:  Typed or Printed Name   | gent   |  | Date   | -  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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