

M08000002273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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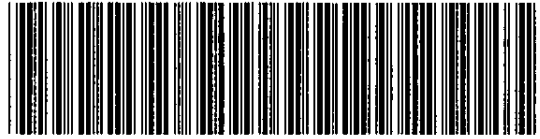
(Business Entity Name)

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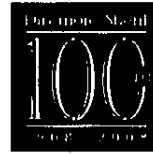
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TALLAHASSEE FLORIDA

NOV 24 2008

**Dinsmore & Shohl** LLP  
ATTORNEYS



**Joshua S. Rogers**  
Direct Dial # (304) 225-1413  
E-mail: [joshua.rogers@dinslaw.com](mailto:joshua.rogers@dinslaw.com)

November 17, 2008

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

Re: Urgent Care MSO, LLC

To Whom It May Concern:

Enclosed please find a "Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company" for the above-referenced limited liability company.

I appreciate your attention and cooperation in this matter. Please do not hesitate to contact me should you have any questions or concerns.

Very truly yours,

A handwritten signature in black ink, appearing to read "Joshua S. Rogers".

Joshua S. Rogers

JSK/srs  
Enclosure

cc w/encl.: Frank W. Alderman, M.D., CEO (Via E-Mail)  
Neil Morandi, M.D. (Via E-Mail)  
Harry M. Rubenstein, Esquire (Via E-Mail)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Urgent Care MSO, 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:

Joshua S. Rogers  
(Name of Person)

Dinsmore & Shohl LLP  
(Firm/Company)

215 Don Knotts Boulevard, Suite 310  
(Address)

Morgantown, WV 26501  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua S. Rogers at ( 304 ) 225-1413  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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 limited liability company: Urgent Care MSO, LLC

2. (a) Principal office address of limited liability company: 1751 Earl Core Road  
 (Note: **MUST BE STREET ADDRESS**) Morgantown, WV 26505

(b) Mailing address of limited liability company: 1751 Earl Core Road  
 (Note: **MAY BE POST OFFICE BOX**) Morgantown, WV 26505

05/13/2008  
 3. Date of filing/registration in Florida

M08000002273  
 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent: Dr. Neil P. Morandi

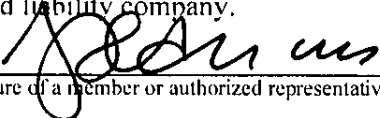
Registered Office Address: 8140 Okeechobee Boulevard, Suites A-101  
West Palm Beach, FL 33411

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

**NEW Registered Agent:** Dr. Neil P. Morandi

**NEW Registered Office Address:** 4520 Donald Ross Boulevard  
 (MUST BE FLORIDA STREET ADDRESS) Palm Beach Gardens, FL 33410

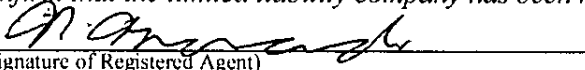
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida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

Frank W. Alderman, M.D.  
 (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 608, 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

08 NOV 21 PM 2:08  
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 TALLAHASSEE, FLORIDA  
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