

L10000060777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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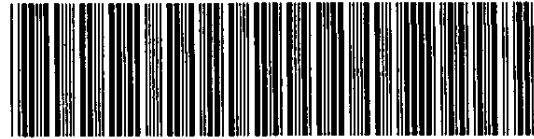
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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S. WARREN

AUG 16 2017

LAU, LANE, PIEPER, CONLEY & MCCREADIE, P.A.

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SUITE 1700, WELLS FARGO CENTER
100 SOUTH ASHLEY DRIVE
TAMPA, FLORIDA 33602
TEL (813) 229-2121
FAX (813) 228-7710

PLEASE REPLY TO:
POST OFFICE BOX 838
TAMPA, FLORIDA 33601-0838

SENDER'S E-MAIL ADDRESS:
clane@laulane.com

*ALSO ADMITTED IN NEW MEXICO

August 10, 2017

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

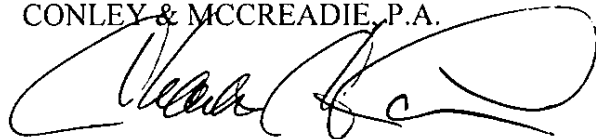
Re: Synergic Healthcare Solutions, LLC
Our File No. 2326-14250

Dear Sir or Madam:

Enclosed is the required cover letter and statement of change of registered office and registered agent completed for Synergic Healthcare Solutions, LLC. Also enclosed is our firm's check in the amount of \$25 for your filing fee. If you have any questions concerning this change of registered agent form, please contact the undersigned counsel.

Sincerely,

LAU, LANE, PIEPER,
CONLEY & MCCREADIE, P.A.



Charles C. Lane

/jab
Enclosure
cc: Dr. Daron Decidue w/encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Synergic Healthcare Solutions, 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:

Daron G. Diecidue

Name of Person

Synergic Healthcare Solutions, LLC

Firm/Company

3301 West Gandy Blvd.

Address

Tampa, FL 33611

City/State and Zip Code

dgdiecidue@fasttrackurgentcare.com

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

For further information concerning this matter, please call:

Charles C. Lane

at (813)

229-2121

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 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 limited liability company: Synergic Healthcare Solutions, LLC

2. (a) 3301 W. Gandy Blvd. (b) same

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Tampa, FL 33611

06/07/2010

L10000060777

3. Date of filing/registration in Florida

4. Document number

5. (a) Diecidue, Dennis

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5836 Mariner St.

Tampa, FL 33609

(b) Godwin, Eddie G.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

100 S. Ashley Dr., Suite 1700

Tampa, FL 33602

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]
Signature of a member or authorized representative of a member

Daron G. Diecidue

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]
Signature of Registered Agent

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

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17 AUG 14 AM 11:22
TALLAHASSEE, FLORIDA
STATE DEPT. OF STATE