

B00000000331

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 16 2009

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Westport Nursing Tampa, LP
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B000000000331

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John Gary

(Contact Person)

Gary, Dytrych & Ryan

(Firm/Company)

701 US. Highway One, Suite 402

(Address)

North Palm Beach, FL 33408

(City, State and Zip Code)

For further information concerning this matter, please call:

Susan Rosser

(Name of Contact Person)

at

(561) 624-1225

(Area Code and Daytime Telephone Number)

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

INHS04 (01/06)

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Westport Nursing Tampa, LA
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10/30/2000 3. B000000000331
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Lawrence Landry
Name
3801 PGA Blvd. S. 805
Address
Palm Beach Gardens, FL 33410
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Gary, Dytrych & Ryan
Name
701 US Highway One, S. 402
Florida street address (P.O. Box not acceptable)
North Palm Beach FL 33408
City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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6. Such change(s) is/are effective when filed by the Florida Department of State.

Larry Landry
Signature of General Partner

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.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50