

B21000000128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

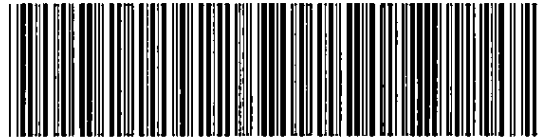
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R. HUNT
12/18/23

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 170093 8183052
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : December 5, 2023

ORDER TIME : 9:34 AM

ORDER NO. : 170093-261

CUSTOMER NO: 8183052

CHANGE OF AGENT

NAME: UNIFIED WOMEN'S CLINICAL
RESEARCH, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____

FILED
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DIVISION OF CORPORATIONS
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**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. UNIFIED WOMEN'S CLINICAL RESEARCH, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/30/2021 3. B21000000128
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:

REGISTERED AGENT SOLUTIONS, INC. 2894
Name
REMINGTON GREEN LANE SUITE A
Address
TALLAHASSEE, FL 32308
City, State and Zip

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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

Jill E. Cilmi Jill Cilmi, Vice President on behalf of
Signature of General Partner UNIFIED PHYSICIAN MANAGEMENT GP, LLC
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.

Grace E. Kirby Grace E. Kirby, Asst. Vice President
Signature of Registered Agent

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

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FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS