

7/30/23 3:46 PM

# G61055

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813) 436-5206

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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## REGISTERED AGENT CHANGE LABORATORY PHYSICIANS, P.A.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 01      |
| Estimated Charge      | \$35.00 |



July 6, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

REGISTERED AGENTS INC

SUBJECT: LABORATORY PHYSICIANS, P.A.  
REF: G61055

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Missing information for section four (4) of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS  
Regulatory Specialist III

FAX Aud. #: H23000232862  
Letter Number: 523A00014897

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Laboratory Physicians, P.A.
2. The principal office address: \_\_\_\_\_
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/21/1983 Document number: G61055
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DAVIS, LARRY J

7335 Reflections Lake Drive

Lakeland, FL 33813

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Northwest Registered Agent LLC

7901 4th S N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Larry J Davis  
Signature of an officer or director

Larry J Davis, PSD

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Taylor Newman

Signature of Registered Agent

06/30/2023

Date

If signing on behalf of an entity:

Taylor Newman

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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