

H100000112533

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : ARNOLD MATHENY & EAGAN, P.A.  
Account Number : I20000000141  
Phone : (407)841-1550  
Fax Number : (407)841-8746

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

Email Address: \_\_\_\_\_

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REGISTERED AGENT CHANGE  
PHYSICIAN ASSOCIATES LLC

Certificate of Status	0
Certified Copy	0
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Physician Associates 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:

Arthur R. Louv, Esq.

Name of Person

PA Management LLC

Firm/Company

809 S. Orlando Avenue, Suite G

Address

Winter Park, FL 32789

City/State and Zip Code

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

For further information concerning this matter, please call:

Arthur R. Louv

Name of Person

at ( 407 )629-2715

Area Code &amp; 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

2010 JAN 19 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: Physician Associates LLC

2. (a) Principal office address of limited liability company: 550 East SR 434

☒ (Note: **MUST BE STREET ADDRESS**) Longwood, Florida 32750

(b) Mailing address of limited liability company: 550 East SR 434

☒ (Note: **MAY BE POST OFFICE BOX**) Longwood, Florida 32750

09/22/2000  
3. Date of filing/registration in Florida

L00000011542  
4. Document number

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

Registered Agent: Arnold, Matheny & Eagan, P.A.

Registered Office Address: 605 E. Robinson St., Suite 730  
Orlando, FL 32801

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

**NEW Registered Agent:** PA Management LLC

**NEW Registered Office Address:** Attn: Records Custodian / General Counsel  
Winter Park Business Center  
809 S. Orlando Avenue, Suite G  
Winter Park, FL 32789

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

ARTHUR R. LOU. Authorized Representative  
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 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.

PA MANAGEMENT LLC  
Signature of Registered Agent

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

FILING FEE: \$25.00