

C01000003899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700286854397

07/26/16--01003--017 **25.00

FILED
16 JUL 25 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 25 PM 5:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 27 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHWEST FLORIDA PHYSICIANS, 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:

Myra Simmons

Name of Person

Capitol Corporate Services, Inc. (Registered Agent Dept.)

Firm/Company

PO Box 1831

Address

Austin, TX 78767

City/State and Zip Code

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

For further information concerning this matter, please call:

Myra Simmons at (800) 345-4647

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



**CAPITOL
SERVICES**

**Statement of Change of Registered Office
or Registered Agent or Both for Limited
Liability Company**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitol-services.com

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

DATE: 7/19/2016
STATE: FLORIDA
REP UNIT: SOUTHWEST FLORIDA
PHYSICIANS, LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #27644 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



13-55987V

**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:

SOUTHWEST FLORIDA PHYSICIANS, LLC

2. (a) 1336 CREEKSIDE BLVD., SUITE 4

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(b) 1336 CREEKSIDE BLVD., SUITE 4

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

NAPLES, FL 34108

NAPLES, FL 34108

3/13/2001

3. Date of filing/registration in Florida

L01000003899

4. Document number

5. (a) BUCKLEY, THOMAS C

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

1336 CREEKSIDE BLVD., SUITE 4

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

NAPLES, FL 34108

(b) Capitol Corporate Services, Inc.

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

155 Office Plaza Dr Ste A

NEW Registered Office Address:

Tallahassee, FL 32301

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.

Thomas C Bucky

Signature of a member or authorized representative of a member

THOMAS C BUCKLEY

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.

Delanie Case

Signature of Registered Agent

Delanie Case, Assistant Secretary on
behalf of Capitol Corporate Services, Inc.

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

FILING FEE: \$25.00

FILED
16 JUL 25 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA