## L02000014587

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August 22, 2002

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

200007308282--6 -08/23/02--01036--009 \*\*\*\*\*25.00 \*\*\*\*\*\*25.00

## RE: PHYSICIAN NEWS NETWORK, L.L.C. DOCUMENT #L02000014587

Dear Sir or Madam:

Enclosed, please find my firm's check in the amount of \$25.00, along with the completed "Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company."

Your prompt attention to this matter is appreciated.

Very truly yours,

Name
Availability

Document
Examiner DCC

Ubda'er TWR/ksf DCC
Enclosures
verify:r DCC

Ackno sment DCC

W. P. Verifyer DCC

THOMAS W. RUGGLES

02 AUG 23 AM II: 07
SECRETARY OF STATE

1-03000014587

## 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.

<b>-</b>	•						
1. The name of the limited	d liability company	is: PHYSICI	AN NEWS NETW	ORK, L.L.	<b>.</b>		
2. The mailing address of	the limited liability	company is:	1345 West B	ay Drive,	Suite 10	01	
			Largo, FL 3	•			
6/11/02 L0200			L020000145	014587			
3. Date of filing/registration		4. Document	number				
5. The name of the register		gistered office	address as shov	vn on the rec	ords of the	<b>;</b>	
Florida Department of S		Weinstock,	M.D.			5	
	1345 West N	Name Bay Drive,	Suite 101			,	
	Largo, FL	Address 33770		-			
	Ci	ty, State and Z	ip	<del></del>			
6. The name and address of	of the new registered	d agent and/or	office:				
ı	Leonard S. Kirsch, M.D.				717VI 1385	22	
	1345 West Ba	Name y Drive, Su	iite 101			OZ AUG 23 AMII: 0	
•	Florida street add	ress (P.O. Box	NOT acceptabl	le)	SH X	23	
	Largo,	FI.	33770		<u> </u>	<b>3</b> 5	
,	City	, State and Zip	)	<del></del>	STA LOR	=	
If the limited liability components of the business office of liability company, it is her the members of the limited the operating agreement of the limited liability company.	nange or changes are the registered agent reby confirmed that d liability company if the limited liability	made, the Flowill be idention the change(s) or as otherwise y company.	orida street addre	ess of the reg	is hereby sistered off	fice	
	•	,					
Robert J. Weinstock (Printed or typed name of signee)						:	
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm Linal 5.  [Signature of Registered Agent]	intment as registere is of all statutes rela d accept the obligat this document is beil that the limited lial			s capacity. I te performan ed agent as j inge in the re ed in writing	further ag ce of my d provided fo gistered o of this cha	ree to uties, or in ffice inge.	

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

**FILING FEE: \$25.00** 

INHS18(10/99)