

L0200002504

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04/17/03--01057--020 **43.75

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03 MAY 12 AM 11:17

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Patient Centered Renal Clinic, LLC.

FROM:

James E. Farah, Esq.
3060 Mercury Rd.
Ste. 101
Jacksonville, Florida 32207

Enclosed is a check for \$43.75 for the Filing Fee and Certified Copy.

For further information concerning this matter, please call James E. Farah
3060 Mercury Rd. at (904) 731-7809.

Enclosed are a Statement of Change of Registered Agent and Office for Corporations.

RECEIVED
TALLAHASSEE, FLORIDA

03 MAY 12 AM 11:17

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 18, 2003

JAMES E. FARAH
3060 MERCURY RD STE. 101
JACKSONVILLE, FL 32207

SUBJECT: PATIENT CENTERED RENAL CLINIC, LLC
Ref. Number: L02000025043

FILED
03 MAY 12 AM 11:17
TALLAHASSEE, FLORIDA

We have received your document for PATIENT CENTERED RENAL CLINIC, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 203A00023465

**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. The name of the limited liability company is: PATIENT CENTERED RENAL CLINIC, LLC
2. The mailing address of the limited liability company is : 101 HEALTHPARK BLVD.
SUITE 106, ST. AUGUSTINE, FL 32086
9/25/02 LO2 000025043
3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JAMES E. FARAH
Name
3060 MERCURY ROAD
Address
JACKSONVILLE, FL 32207
City, State and Zip

6. The name and address of the new registered agent and/or office:

SHARON KOUFAS
Name
240 SOUTHPARK CIRCLE E.
Florida street address (P.O. Box NOT acceptable)
ST. AUGUSTINE, FL 32086
City, State and Zip

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.

Sharon Koufas
(Signature of a member or authorized representative of a member)

Sharon Koufas
(Printed or typed name of signee)

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.

Sharon Koufas
(Signature of Registered Agent)

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

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03 MAY 12 AM 11:17
TALLAHASSEE, FLORIDA