

203000028944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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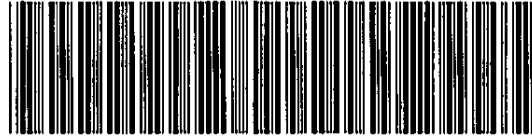
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/29/16 AS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phillips Medical Center, 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:

Daciana Phillips

Name of Person

Phillips Medical Center

Firm/Company

9300 Conroy-Windermere Rd., PO Box 3256

Address

Windermere, FL 32789

City/State and Zip Code

mdp@phillipsmedicalcenter.com

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

For further information concerning this matter, please call:

Maria J. Maldonado Esq.

321

352-8036

at (_____) _____

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

Phillips Medical Center, LLC

1. Name of the limited liability company: _____
2. (a) 400 W. Fairbanks Ave. B, Winter Park, FL 327 (b) 9300 Conroy-Windermere Rd., PO Box 32
- Principal office address of limited liability company: Mailing address of limited liability company:
- (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

08/06/2003

L03000028944

3. Date of filing/registration in Florida 4. Document number

Jonathan B. Alper, Esq.

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

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

Heathrow 32746
FL

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

Maria J. Maldonado, Esq.

NEW Registered Office Address:
4569 Baler Trails Drive

Saint Cloud 32774
FL

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TALLAHASSEE, FLORIDA

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

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 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.

Signature of Registered Agent