

205000015095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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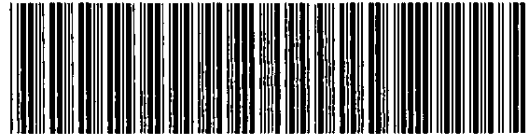
Special Instructions to Filing Officer:

A. LUNT

JUN - 8 2010

EXAMINER

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05/24/10--01013--019 **25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2010 JUN - 7 PM 2:29

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2010

FWS HOLDINGS, LLC
14271 METROPOLIS AVE. STE A
FT. MYERS, FL 33912

SUBJECT: FWS HOLDINGS, LLC
Ref. Number: L05000015095

We have received your document for FWS HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please print the name in section 5b as we can not make out what the last name is.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 910A00013312

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: FWS HOLDINGS LLC

2. (a) Principal office address of limited liability company:



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

14271 Metropolis Ave
Ste A
Ft. Myers FL 33912

(b) Mailing address of limited liability company:



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

FWS HOLDINGS LLC
14271 Metropolis Ave Ste A
Ft Myers, FL 33912

3. Date of filing/registration in Florida

5/20/2010

4. Document number

LS000015095

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

Registered Agent:

KUSHNER, STEVEN ESQ

Registered Office Address:

14241 Metropolis Ave
Ft Myers FL 33912

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

NEW Registered Agent: C. DOUGLAS BANNESTER

C Douglas Bannister

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

Neuropsychiatric Assoc of SW FL
14271 Metropolis Ave Ste A
Ft Myers FL 33912

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

Frederick W. SCHAEFF M.D.
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.

Signature of Registered Agent

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

FILING FEE: \$25.00