

L05000025404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

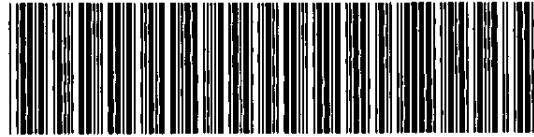
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800163910728

RECEIVED

10 JAN 13 AM 10:37

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JAN 13 AM 10:55

B. KOHR

JAN 13 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 242974 7734777

AUTHORIZATION :

COST LIMIT : \$25,000

ORDER DATE : January 7, 2010

ORDER TIME : 5:13 PM

ORDER NO. : 242974-003

CUSTOMER NO: 7734777

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
10 JAN 13 AM 10:55

CHANGE OF AGENT

NAME: PHYSICIANS GROUP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER: \_\_\_\_\_

**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: PHYSICIANS GROUP, L.L.C.
2. (a) Principal office address of limited liability company: 4054 Sawyer Road  
Sarasota, FL 34233  
*(Note: MUST BE STREET ADDRESS)*
- (b) Mailing address of limited liability company: 4054 Sawyer Road  
Sarasota, FL 34233  
*(Note: MAY BE POST OFFICE BOX)*

03/10/2005

L05000025404

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Gregory A. Zitani

Registered Office Address:

4046 Sawyer Road Ste D

Sarasota, FL 34233

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

NEW Registered Agent:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

(MUST BE FLORIDA STREET 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.

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

Elizabeth A. Dawson, Authorized Person

(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 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.*

By: 

(Signature of Registered Agent) Sylvia Queppet, Asst. Vice President

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

**FILING FEE: \$25.00**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 13 AM 10:55