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## **COVER LETTER**

Division of Corporations	
SUBJECT:	PHYSICIANS GROUP, L.L.C.
· · · · · · · · · · · · · · · · · · ·	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regi	istered Office Change and fee(s) are submitted for filing.
Please return all correspondence con	acerning this matter to the following:
GREGORY A. ZITA Name of Person	NI, ESQ.
BARAK & ZITANI, Firm/Company	L.L.C.
4046 SAWYER ROAD	), SUITE D
SARASOTA, FLORII City/State and Zip Cod	
barakzitani@gma E-mail address: (to be used for future ann	uil.com ual report notification)
For further information concerning t	this matter, please call:
GREGORY A. ZITANI, ES	Q. at ( 941 ) 552-0373
Name of Person  STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number  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

TO: Registration Section

## 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.

Name of the limited liability company:	HYSICIANS GROUP, L.L.C.		
2. (a) Principal office address of limited liability compan	y: 4054 Sawyer Road		
(Note: MUST BE STREET ADDRESS)	Sarasota, Florida 34233		
(b) Mailing address of limited liability company:	4054 Sawyer Road		
(Note: MAY BE POST OFFICE BOX)	Sarasota, Florida 34233 C		
 03/10/2005	L0500002540		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Deptember 1.			
Registered Agent:	Corporation Service Company		
Registered Office Address:	1201 Hays Street Tallahassee, Florida 32301-2525		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
NEW Registered Agent:	Gregory A. Zitani, Esq.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4046 Sawyer Road Suite D		
(MOST BE PLONIDA STREET ADDRESS)	Sarasota ,FL34233		
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 juthorized representative of a member			
Gary Kompothecras, MGRM Printed or typed name of signee	<del></del>		
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 analoccept 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 hability company has been notified in writing of this change.			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			