

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BARNETT, KIRKWOOD, KOCH, LONG & FOSTER, P.A.  
Account Number : 072731001155  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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LLC REGISTERED AGENT CHANGE  
FLORIDA MEDICAL ASSOCIATES, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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2021 DEC 20 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

H21000462509

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.

1. Name of the limited liability company: Florida Medical Associates, LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

601 S. Harbour Island Blvd., Suite 200

Tampa, Florida 33602

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

601 S. Harbour Island Blvd., Suite 200

Tampa, Florida 33602

2/22/2006

L06000019940

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:  
Srujani Pagidipati

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

601 S. Harbour Island Blvd., Suite 200

Tampa, FL 33602

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

David L. Koche

NEW Registered Office Address:

601 Bayshore Boulevard, Suite 700

Tampa, FL 33606

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.

Subscribed by:



Signature of a member or authorized representative of a member

Dr. Rudrama Pagidipati

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 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

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

FILING FEE: \$25.00

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