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(Requestor's Name)				
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COVER LETTER

Division of Corpora	tions	
SUBJECT:	Anthony G.	. Rogers, M.D. PLLC
		ed Liability Company
Dear Sir or Madam:		
The enclosed Registered Ag	gent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspond	ence concerning this	matter to the following:
Tieuse Teturi un correspond	ence concerning time.	·
	y G. Rogers of Person	
	ogers, M.D. PLLC	
Firm/C	Company	
3618 Lantana	Road, Suite 200	
Add		
Lako Wa	rth, FL 33462	
	and Zip Code	
E-mail address: (to be used for	future annual report notifica	ation)
For further information con-	cerning this matter, pl	lease call:
Anthony G. Ro	ogers at ((561) 968-2995 ext 224
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER	ADDRESS:	MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporation	ons	Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Cente	r Circle	Tallahassee, Florida 32314
Tallahassee, Florida 3	2301	
Enclosed is a check	for the following an	nount:
\$25 Filing Fee	ì	\$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.

1. Name of the limited liability company: Ant	hony G. Rogers, M.D. PLLC		
2. (a) Principal office address of limited liability company	: 3618 Lantana Road, Suite 200		
(Note: MUST BE STREET ADDRESS)	Lake Worth, FL 33462		
(b) Mailing address of limited liability company:	3618 Lantana Road, Suite 200		
(Note: MAY BE POST OFFICE BOX)	Lake Worth, FL 33462		
01/17/2012 3-31-2006	L06000033950		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on			
Registered Agent:	Roberts, Gary W. Esq. 2		
Registered Office Address:	324 Datura St, Ste 223 West Palm Beach, FL 33401		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> :	W Registered Office address:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3618 Lantana Road, Suite 200 Lake Worth ,FL33462		
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 Anthony G. Rogers 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 Pagistared Agent			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00