

L06000045302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

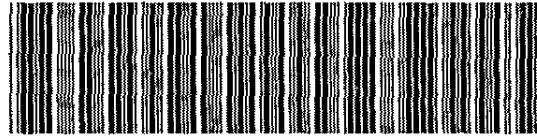
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2007

TAMMY FLEMING  
14519 WEEPING ELM DR.  
TAMPA, FL 33626

SUBJECT: PROVIDER SOLUTIONS, LLC  
Ref. Number: L06000045302

We have received your document for PROVIDER SOLUTIONS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 507A00046527

2007 AUG 23 P 35  
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Provider Solutions, LLC  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** L06000045302

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tammy Fleming  
(Contact Person)  
Provider Solutions, LLC  
(Firm/Company)  
14519 Weeping Elm Dr.  
(Address)  
Tampa, FL 33626  
(City, State and Zip Code)

2007 AUG 13 P 2:35  
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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Michelle Shaffer-Kost at (727) 692-1080  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Provider Solutions, LLC  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 5/1/06  
Date of filing/registration in Florida

3. L06000045302  
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Timothy M Kast  
Name

15809 Berea Drive  
Address

Odessa, FL 33556  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Tammy Fleming  
Name

14519 Weeping Elm Dr.  
Florida street address (P.O. Box not acceptable)

Tampa FL 33626  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Michele Sheffer-Kast  
Signature of General Partner

*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.*

Tammy Fleming  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA

2007 AUG 13 P 2:35

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**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. The name of the limited liability company is: Provider Solutions, LLC

2. The mailing address of the limited liability company is: 15809 Berea Drive  
Odessa, FL 33556

5/1/06  
3. Date of filing/registration in Florida

LO16000045302  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Timothy M. Kost  
Name  
15809 Berea Drive  
Address  
Odessa, FL 33556  
City, State and Zip

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TALLAHASSEE, FLORIDA

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6. The name and address of the new registered agent and/or office:

Tommy Fleming  
Name  
14519 Weeping Elm Dr.  
Florida street address (P.O. Box NOT acceptable)  
Tampa FL 33626  
City, State and Zip

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.

Michelle Shaffer-Kost  
(Signature of a member or authorized representative of a member)

Michelle Shaffer-Kost  
(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.*

Tommy Fleming  
(Signature of Registered Agent)

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