| L06000045386 | | | | |
|--|---|--|--|--|
| (Requestor's Name) (Address) | 000248074630 | | | |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL | 05/20/1301032013 **50.00 | | | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | FILED 2013 MAY 20 AM II: 37 SECRETARY OF STATE TALLAHASSEE, FLORID/ | | | |
| Office Use Only | | | | |
| X | B. BOSTICK MAY 21 2013 EXAMINER | | | |

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Integrity Healthcare Physicians Staffing, II, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Steven I. Greenwald, Esq.

Name of Person

Law Offices of Steven I. Greenwald, P.A.

Firm/Company

6971 North FederalHighway, Suite 105

Address

Boca Raton, FL 33487

City/State and Zip Code

tdevereux@ihcrecruiting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven I. Greenwald, Esq. at (561) 994-5560

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

MAILING ADDRESS:

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



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: Integrity Heatthere Physicians Statting, II, LLC
- 2. (a) Principal office address of limited liability company: Law Offices of Staven I. Greenwald, P.A. (Note: MUST BE STREET ADDRESS)
 6971 North Federal Highway, Suite 105
 Boca Raton, FL 33487
 - (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

Law Offices of Staven I. Greenwald, P.A. 8971 North Federal Highway, Suite 105 Boca Raton, FL 33487

3. Date of filing/registration in Florida

05/02/2006

4. Document number

L06000045386

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

| | Registered Agent: | Timothy P Deversux | A. | 20 | <u></u> |
|--------------------------------|---|--|------------|------|-----------------|
| | Registered Office Address: | 2944 Needham Court | ECR _LA | 55 H | -71 |
| | hegistered office radioss. | Detray Beach, FL 33445 | | | ا مقدر محدود |
| | | ····· | S S | N | 7 |
| | | ······································ | ·< | 0 | |
| | | | ůç. | 12 | - [3] |
| (b) | b) Enter name of NEW Registered Agent and/or NE | EW Registered Office ad | ن (dress | AH | |
| NEW Registered Agent: | Staven I. Greenwald, Esq. | ORI | = | | |
| | | | ÷, | | |
| NEW Registered Office Address: | 6971 North Federal Higway | | | | |
| | (MUST BE FLORIDA STREET ADDRESS) | Suite 105 | | | |
| | | Boca Raton | FL 33487 | | |

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.

| Timothy P Devereux |
|---|
| 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, thereby confirm that the limited liability company has been notified in writing of this change. |
| Signature of Registered Agent |
| Division of Cornorations, P.O. Box 6327, Tallabassee, FL 32314 |

FILING FEE: \$25.00