

L06000057653

Division of Corporations

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Division of Corporations
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Division of Corporations
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Account Number : 076077001702
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**LLC REGISTERED AGENT CHANGE
SEBRING PEDIATRICS, L.L.C.**

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December 15, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEBRING PEDIATRICS, L.L.C.
3201 MEDICAL WAY
SUITE 101
SEBRING, FL 33870

SUBJECT: SEBRING PEDIATRICS, L.L.C.
REF: L06000057653

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Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H16000306077
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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 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: SEBRING PEDIATRICS, L.L.C.

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
3201 MEDICAL WAY, SUITE 101
SEBRING, FL 33870

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3201 MEDICAL WAY, SUITE 101
SEBRING, FL 33870

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3. Date of filing/registration in Florida 4. Document number

5. (a) STEPHEN R. LOONEY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803

(b) STEPHEN R. LOONEY

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

NEW Registered Office Address:
420 S. ORANGE AVENUE, SUITE 700
ORLANDO, FL 32801

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 TALLAHASSEE, FLORIDA

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.

Rajeswari Sonn
 Signature of a member or authorized representative of a member

RAJESWARI SONN
 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.

Stephen R. Looney
 Signature of Registered Agent

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

FILING FEE: \$25.00

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