

LO6000123016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

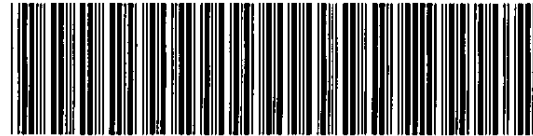
(Business Entity Name)

(Document Number)

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08 MAY 14 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Collins MAY 15 2008

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medical Methods 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:

Clint Drawdy  
(Name of Person)

Medical Methods LLC  
(Firm/Company)

7807 Baymeadows Road East, Ste. 200  
(Address)

Jacksonville, FL 32256  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Cannon at (904) 398-4133  
(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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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: Medical Methods LLC

2. (a) Principal office address of limited liability company: 7807 Baymeadows Road East  
☐ Ste. 200  
Jacksonville, FL 32256  
(Note: **MUST BE STREET ADDRESS**)

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

4/8/08 3. Date of filing/registration in Florida L06000123016 4. Document number

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

Registered Agent: Intrepid Registered Agent Services


Registered Office Address: One Independent Drive  
Suite 1200  
Jacksonville, FL 32202

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

**NEW Registered Agent:** Clint Drawdy

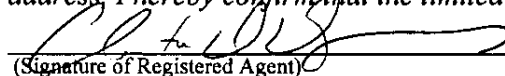
**NEW Registered Office Address:** 7807 Baymeadows Road East  
Suite 200  
Jacksonville, FL 32256  
(**MUST BE FLORIDA STREET ADDRESS**)

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)

Clint Drawdy  
(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I 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 Registered Agent)

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

**FILED**  
MAY 14 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FL