

FROM

(TUE) 3.11'08 15:30/ST. 15:30/NO. 4863333168 P 1

L07000076806

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000063284 3)))



H080000632843ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : POLEY & LARDNER OF TAMPA
Account Number : 071344001620
Phone : (813) 229-2300
Fax Number : (813) 221-4210

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 11 AM 5:54

RECEIVED
2008 MAR 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

PRIMECARE SOUTH TAMPA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

G. MCLEOD

MAR 12 2008

EXAMINER

03/11/2008

FROM

(TUE) 3.11'08 15:31/ST. 15:30/NO. 4863333168 P 2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PrimeCare South Tampa, 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:

Margo T. Valenti, Paralegal
(Name of Person)

Foley & Lardner, LLP
(Firm/Company)

100 N. Tampa Street, Suite 2700
(Address)

Tampa, Florida 33603
(City/State and Zip Code)

For further information concerning this matter, please call:

Margo T. Valenti, Paralegal at (813) 225-4110
(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

INHS18 (&/05)

(((H08000053284 3)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 11 AM 5:54

FROM

(TUE) 3.11'08 15:31/ST. 15:30/NO. 4863333168 P 3

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: PrimeCare South Tampa, LLC
2. The mailing address of the limited liability company is : 1753 W. Fletcher Avenue
Tampa, Florida 33812

July 25, 2007 L07000076806
3. Date of filing/registration in Florida 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:

Tina E. Dunsford, Esq.
Name
609 West Azeele Street
Address
Tampa, Florida 33606
City, State and Zip

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

F&L Corp.
Name
One Independent Drive, Suite 1300
Florida street address (P.O. Box NOT acceptable)
Jacksonville FL 32202
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.

[Signature]
(Signature of a member or authorized representative of a member)

Martin Revello

(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.

[Signature]
(Signature of Registered Agent)

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

RI1518 (8/05)

(((H08000063284 3)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAR 11 AM 5:54