

# L07000077076

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

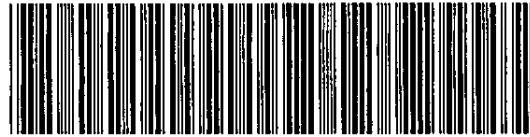
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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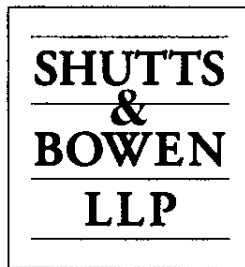
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2013 SEP 12 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Founded 1910*

JAMES A. FARRELL  
BOARD CERTIFIED IN HEALTH LAW  
Member Florida Bar  
(561) 650-8539 Direct Telephone  
(561) 822-5539 Direct Facsimile

E-MAIL ADDRESS:  
jfarrell@shutts.com

## MEMORANDUM

### VIA FEDEX

TO: Florida Department of State  
Division of Corporations

CLIENT-MATTER NO.: 34253.0001

FROM: James A. Farrell

DATE: September 11, 2013

RE: Florida Woman Care, LLC  
Document Number L07000077076

Enclosed please find Statement of Change of Registered Office or Registered Agent of Both for Limited Liability Company for filing regarding Florida Woman Care, LLC. Also enclosed is our check, payable to the Department of State, in the amount of \$25.00 in payment of the filing fee.

If you have any questions, please call me.

Enclosures

2013 SEP 18 PM 12:34  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: FLORIDA WOMAN CARE, LLC
2. (a) Principal office address of limited liability company: 660 GLADES ROAD, SUITE 340  
BOCA RATON, FL 33431  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 3731 FAU BLVD., SUITE 1  
BOCA RATON, FL 33431  
**(Note: MAY BE POST OFFICE BOX)**

JULY 26, 2007

L07000077076

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

KENNETH A. KONSKER

Registered Office Address:

3731 FAU BLVD.  
BOCA RATON, FL 33431

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

NEW Registered Agent:

UPM SERVICE CORP.

NEW Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

3731 FAU BLVD.  
SUITE 1  
BOCA RATON

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.

X   
Signature of a member or authorized representative of a member

Kenneth A. Konsker, Member

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, I hereby confirm that the limited liability company has been notified in writing of this change.

X   
Signature of Registered Agent

Kenneth A. Konsker

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

FILING FEE: \$25.00