

LD80000014714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2013 SEP 18 AM 11:23

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13 SEP 18 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIPLT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** RICKY SOTO

**DATE:** 09/18/2013

**REF. #:** 8896406

**CORP. NAME:** MID-FLORIDA PHYSICIAN SERVICES, L.L.C.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION         | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                     | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION             | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                     | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION       |   |  |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF AGENT |   |  |

**STATE FEES PREPAID WITH CHECK# 70007178 FOR \$ 55.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STATEMENT COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

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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: Mid-Florida Physician Services, L.L.C.
2. (a) Principal office address of limited liability company: 200 Avenue F Northeast  
(Note: MUST BE STREET ADDRESS) Winter Haven, FL 33881
- (b) Mailing address of limited liability company: 200 Avenue F Northeast  
(Note: MAY BE POST OFFICE BOX) Winter Haven, FL 33881
- 02/11/2008 L08000014714
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: Lance W. Anastasio  
Registered Office Address: 200 Avenue F Northeast  
Winter Haven, FL 33881
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: Scott Kizer  
NEW Registered Office Address: 16255 Bay Vista Drive  
(MUST BE FLORIDA STREET ADDRESS) Clearwater, FL 337660

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.

Scott Kizer  
Signature of a member or authorized representative of a member

Scott Kizer, Vice President  
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.*

By: Scott Kizer  
Signature of Registered Agent

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