

6080000 23619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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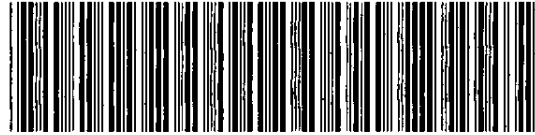
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

M. THOMAS

AUG - 8 2008

EXAMINER



850 PARK SHORE DRIVE
TRIANON CENTRE - THIRD FLOOR
NAPLES, FL 34103
239.649.2713 DIRECT
239.649.6200 MAIN
239.261.3659 FAX
cmceachern@ralaw.com

August 4, 2008

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

Re: George W. Ferguson, M.D., Concierge Medical Services, P.L.
Employer ID # 26-2102109

Dear Sir/Madam:

We are attorneys for George W. Ferguson, M.D. Enclosed please find a cover letter, Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, and our check in the amount of \$25.00, being filed for the above-referenced entity. This form is being filed to change the address only for the registered agent.

Very truly yours,

G. Carson McEachern
For the Firm

GCM/jap
Enclosure

cc: George W. Ferguson, M.D. (w/enclosures)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEORGE W. FERGUSON, M.D., CONCIERGE MEDICAL SERVICES, P.L.
(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:

George W. Ferguson, M.D.
(Name of Person)

George W. Ferguson, M.D., Concierge Medical Services, P.L.
(Firm/Company)

787 Fourth Avenue South
(Address)

Naples, FL 34102
(City/State and Zip Code)

For further information concerning this matter, please call:

George W. Ferguson, M.D. at (239) 352-5600
(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

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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: George W. Ferguson, M.D., Concierge Medical Services, P.L.

2. (a) Principal office address of limited liability company: 787 Fourth Avenue South
(Note: **MUST BE STREET ADDRESS**) Naples, FL 34102

(b) Mailing address of limited liability company: 787 Fourth Avenue South
(Note: **MAY BE POST OFFICE BOX**) Naples, FL 34102

03/05/2008

L08000023619

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: R&A Agents, Inc.

Registered Office Address: 787 Fourth Avenue South
Naples, FL 34102

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

NEW Registered Agent: R&A Agents, Inc.

NEW Registered Office Address: Attn: G. Carson McEachern

(MUST BE FLORIDA STREET ADDRESS) 850 Park Shore Drive, Suite 300
Naples, FL 34103

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

GEORGE W. FERGUSON, M.D., CONCIERGE MEDICAL SERVICES, P.L.

By: 

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

George W. Ferguson, M.D., Manager

(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.

R&A AGENTS, INC.

By:  G. Carson McEachern, Assistant Sec.

(Signature of Registered Agent)

G. Carson McEachern

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

FILING FEE: \$25.00

INHS18 (05/08)

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TALLAHASSEE, FLORIDA