

L08000102581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

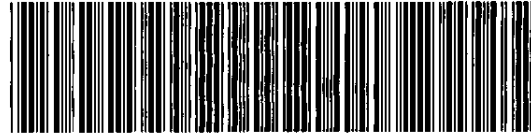
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500187847565

11/23/10 --01008--010 \$425.00

FILED
10 NOV 23 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-24-10, 18

EMMANUEL, SHEPPARD & CONDON

ATTORNEYS AT LAW

JOHN H. ADAMS
ALAN B. BOOKMAN *
GERALD L. BROWN
STACEY PENN CLARK
A. G. CONDON, JR.
ERICK M. DRJICKA ***
PATRICK G. EMMANUEL
PATRICK G. EMMANUEL, JR. *
ROBERT A. EMMANUEL **
GREGORY P. FAYARD
SALLY BUSSELL FOX *
CHARLES P. HOSKIN

POST OFFICE DRAWER 1271
PENSACOLA, FLORIDA 32591-1271

30 SOUTH SPRING STREET
PENSACOLA, FLORIDA 32502-5612
esclaw.com PENSACOLALAWYER.COM
(850) 433-6581
FAX (850) 434-7163
TOLL FREE 1-800-433-6581

HOLLY V. JURNOVOY
KATHRYN I. KASPER
JOHN W. MONROE, JR. *
KEVIN D. NELSON
JOSEPH A. PASSERETTI
P. MICHAEL PATTERSON
WANDA W. RADCLIFFE
H. WESLEY REEDER
T. SHANE ROWE
WARREN R. TODD
MATTHEW M. VILLMER
CHARLES P. YOUNG **

ALAN C. SHEPPARD, OF COUNSEL

* BOARD CERTIFIED REAL ESTATE LAWYER ** BOARD CERTIFIED CONSTRUCTION LAWYER *** BOARD CERTIFIED CIVIL TRIAL LAWYER

November 18, 2010

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

Re: The Pathology Group of Northwest Florida, PLLC
Document No. L08000102581

Ladies and Gentlemen:

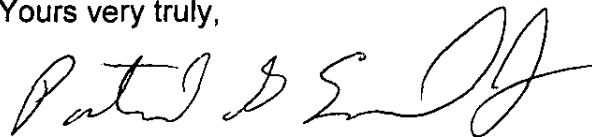
The enclosed Registered Agent/Registered Office Change and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Patrick G. Emmanuel, Jr.
Emmanuel, Sheppard and Condon
30 S. Spring Street
Pensacola, Florida 32502

E-mail address (to be used for future annual report notification):
bogden@pathology-group.com

For further information concerning this matter, please call Patrick G. Emmanuel, Jr. at (800) 433-6581.

Yours very truly,



Patrick G. Emmanuel, Jr.
For the Firm

RGE/lab

\\sqj2009\cpshare\CPWin\History\101116_0001\1417B.08
File 06286-124306 Doc# 8

FILED
10 NOV 23 PM 3:06
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. The name of the limited liability company is: The Pathology Group of Northwest Florida, PLLC.
2. (a) The principal office address of the limited liability company is: 4724 North Davis Hwy., 2nd Floor, Pensacola, Florida 32503.
(b) The mailing address of the limited liability company is: 4724 North Davis Hwy., 2nd Floor, Pensacola, Florida 32503.

3. Date of filing/registration in Florida: October 31, 2008.

4. Document No. L08000102581.

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

Registered Agent: Wendy S. Moreland MD

Registered Office Address: 4724 North Davis Hwy.
2nd Floor
Pensacola, FL 32503

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

NEW Registered Agent: North J. Davis, M.D.

NEW Registered Office Address: _____
(Must Be Florida Street Address) _____

FILED
10 NOV 23 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

North J. Davis, MD
Signature of Member or Authorized Representative of Member

NORTH J. DAVIS 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 property and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 608, F.S. Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

North J. Davis, MD Date: 11/17/2010
Signature of Registered Agent.

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