

609 000001 8879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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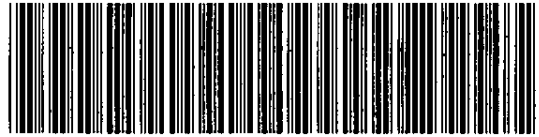
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 OCT 15 AM 10:26

FILED

M. THOMAS  
OCT 16 2009  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARAMOUNT URGENT CARE OF THE VILLAGES, 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:

RICHARD A SPAHN

Name of Person

PARAMOUNT URGENT CARE OF THE VILLAGES LLC

Firm/Company

12700 SW 112TH ST. ROAD  
12700 SW 112th ST. ROAD

Address

WEST OCALA, FLORIDA 34432

City/State and Zip Code

dispahn@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD A SPAHN

Name of Person

at ( 352 ) 489 6553

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

**FILED**  
2009 OCT 15 AM 10:26  
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.*

Paramount Urgent Care of the Villages LLC

1. Name of the limited liability company: \_\_\_\_\_

2. (a) Principal office address of limited liability company: 8640 EAST C/R 466 SUITE A



(Note: **MUST BE STREET ADDRESS**)

THE VILLAGES, FLORIDA

32162

(b) Mailing address of limited liability company: \_\_\_\_\_



(Note: **MAY BE POST OFFICE BOX**)

02-25-2009

L09000018879

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:

MICHAEL E. DEAN

Registered Office Address:

230 NE 25th AVE

SUITE 100

OCALA, FLORIDA

USA

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

**NEW** Registered Agent:

RICHARD A SPAHN

**NEW** Registered Office Address:

12700 SW 112th ST. ROAD

**(MUST BE FLORIDA STREET ADDRESS)**

WEST OCALA, FLORIDA

34432

,FL

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.

Adrian Easterline

Signature of a member or authorized representative of a member

**ADRIAN EASTERLING**

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.*

[Signature]

Signature of Registered Agent

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

FILING FEE: \$25.00