

L090000037700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

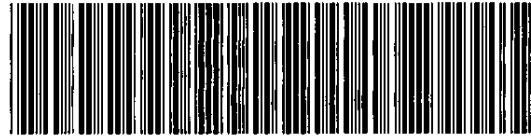
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600187847556

11/23/10--01008--010 \*\*25.00

FILED

10 NOV 23 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11-24-10.8

# EMMANUEL, SHEPPARD & CONDON

ATTORNEYS AT LAW

JOHN H. ADAMS  
ALAN B. BOOKMAN \*  
GERALD L. BROWN  
STACEY PENN CLARK  
A. G. CONDON, JR.  
ERICK M. DRUCKA \*\*\*  
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 Laboratory Group of Northwest Florida, PLLC  
Document No. L09000037700

Ladies and Gentlemen:

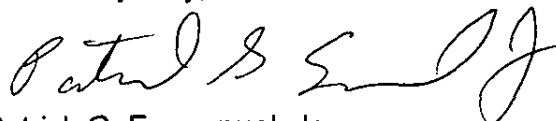
The enclosed Registered Agent/Registered Office Change and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

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](mailto: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

\\sql2009\cpshare\CPWin\History\101116\_0001\1417B.08  
File 06286-124306 Doc# 9

FILED  
10 NOV 23 PM 3:09  
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 Laboratory Group of Northwest Florida, PLLC.
2. (a) The principal office address of the limited liability company is: 4724 North Davis Hwy., 2<sup>nd</sup> Floor, Pensacola, Florida 32503.  
(b) The mailing address of the limited liability company is: 4724 North Davis Hwy., 2<sup>nd</sup> Floor, Pensacola, Florida 32503.
3. Date of filing/registration in Florida: April 19, 2009.
4. Document No. L09000037700.

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

Registered Agent: Wendy S. Moreland MD

Registered Office Address: 4724 North Davis Hwy.  
2<sup>nd</sup> 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  
NOV 23 PM 3:09  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

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  
Signature of Registered Agent

Date: 11/17/2010

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