

L100000 63557 ✓

(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



200249257502

06/28/13--01016--006 **75.00

FILED
2013 JUN 28 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 1 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shands Live Oak Community Health, 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:

Vivian M. Gallo

Name of Person

Shands Legal Services

Firm/Company

720 SW 2nd Avenue, Suite 360A

Address

Gainesville, FL 32601

City/State and Zip Code

gallvm@shands.ufl.edu

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

For further information concerning this matter, please call:

Vivian M. Gallo

Name of Person

at (352) 733-0030

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
2013 JUN 28 PM 12:09
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. Name of the limited liability company: Shands Live Oak Community Health, LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

1600 SW Archer Road
Gainesville, FL 32610

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

1600 SW Archer Road
Gainesville, FL 32610

06/14/2010

L10000063557

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:

Andrei Boyarshinov

Registered Office Address:

720 SW 2nd Avenue, Suite 360A
Gainesville, FL 32601

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

NEW Registered Agent:

Vivian M. Gallo

NEW Registered Office Address:

720 SW 2nd Avenue, Suite 360A

(**MUST BE FLORIDA STREET ADDRESS**)

Gainesville, FL 32601

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.

SHANDS TEACHING HOSPITAL & CLINICS, INC. (member)

By: James M. Roberts
Signature of a member or authorized representative of a member

James M. Roberts, SVP

Printed or typed name of signer

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.

Vivian M. Gallo
Signature of Registered Agent

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

FILING FEE: \$25.00