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(Re	questor's Name)	_
(Àd	dress)	.
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEP - 4 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: PHYSICIANS TRUST MSO, 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:				
LARRY E. JONES Name of Person				
PHYSICIANS TRUST MSO: LLC Firm/Company 1101 N. LAKE DESTINY DR, #300 Address				
1101 N. LAKE DESTINY DR, #300 Address Address				
MAITLAND, FL 32751 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
LARRY E JONES at (407) 475-9213 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 & Certified Copy				

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: PHY SICIAL	US TRUST MSO, LLC
2. (a) Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	1101 N. LAKE DESTINY DRIVE SUITE 300 MAITLAND, FL 32751
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME
10 · 26 · 20 0 3. Date of filing/registration in Florida	L1000111388 1. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	RESIGNED
Registered Office Address:	1101 N. LAKE DESTMY DRIVE SUITE 300 MAITLAND, FL 32751
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:
NEW Registered Agent:	LARRY E. JONES
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	.FL
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my positive to the province of the statutes of the indication of the province address, I hereby confirm that the limited liability company	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or

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

Signature of Registered Agent