

L110000 36764

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*[Handwritten signature]*

APR 08 2015

T. LEMIEUX

APR 08 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOSPITAL MEDICINE GROUP, P.L.  
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:

THOMAS H. REIF

Name of Person

HOSPITAL MEDICINE GROUP, P.L.

Firm/Company

6131 INGALLS ST.

Address

MELBOURNE, FL 32940

City/State and Zip Code

THR @ REIF-INDUSTRIES.COM

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

For further information concerning this matter, please call:

THOMAS H. REIF

Name of Person

at ( 352 ) 213-3359

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: HOSPITAL MEDICINE GROUP, P.L.

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

6131 INGALLS ST.  
MELBOURNE, FL 32940

6131 INGALLS ST.  
MELBOURNE, FL 32940

3. 5/17/12 4. L11000036764  
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
8339 SW 10<sup>TH</sup> RD.  
GAINESVILLE, FL 32607

(b) THOMAS W. REIF  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
6131 INGALLS ST.  
MELBOURNE, FL 32940

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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.

Thomas W. Reif  
Signature of a member or authorized representative of a member

THOMAS W. REIF  
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 605, 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.

Thomas W. Reif  
Signature of Registered Agent

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

HOSPITAL MEDICINE GROUP, PL.

**Filing Information**

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<b>Event Effective Date</b>	NONE

**Principal Address**8339 S.W. 10TH ROAD  
GAINESVILLE, FL 32607**Mailing Address**8339 S.W. 10TH ROAD  
GAINESVILLE, FL 32607**Registered Agent Name & Address**REIF, THOMAS H  
8339 S.W. 10TH ROAD  
GAINESVILLE, FL 32607**Authorized Person(s) Detail****Name & Address**

Title MGRM

REIF INDUSTRIES, P.L.  
8339 S.W. 10TH ROAD  
GAINESVILLE, FL 32607

Title MGRM

NGUYEN, VIETDUNG H  
2508 SW 35TH PL  
GAINESVILLE, FL 32608

Title MGRM