L110000 54584

(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:							
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
MAY 2 5 2011

EXAMINER

COVER LETTER

LLC

TO:	Registrati Division									
SUBJ	ECT:	Por	y Ne:	OAIZ	75	AZA	lile	okah	(e.	, renz,
			, 1	Name of L	imited L	iability Co	ompany			
Dear S	Sir or Mada	ım:								
The er	nclosed Reg	gistered A	gent/Re	gistered O	ffice Cha	inge and f	fee(s) are	submitted	for filing	g.
Please	return all	correspon	dence co	oncerning t	this matt	er to the fo	ollowing:			
	120B	≥ ₹ T	Resident of Person	-PY						
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	101	(a l	dress	e D7						
Parm Harbor, FL 34683										
City/State and Zip Code										
E-mail address: (to be used for future annual report notification)										
For fu	rther inforr	nation co	ncerning	this matte	r, please	call:				
	No	na			at (_ 7 ;	27)_	743	-597	2	···
	Na	me of Perso	n		-	Area C	ode & Dayti	ime Telephon	e Number	
	STREET/	COURIE	R ADDR	ESS:		MAILIN	G ADDR	ESS:		
Registration Section						Registrati	ion Section	n		
Division of Corporations						Division of Corporations				
Clifton Building 2661 Executive Center Circle						P.O. Box 6327 Tallahassee, Florida 32314				
	Tallahasse					Tatianass	ee, rionds	1 34314		
	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 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: Poly De	sian Plaza Medical Center LLC
2. (a) Principal office address of limited liability company:	1 - 50
(Note: MUST BE STREET ADDRESS)	SPRING HILL, FL 34400
(b) Mailing address of limited liability company:	101 Carlule DR.
(Note: MAY BE POST OFFICE BOX)	Parpa Harbor, Fl
3. Date of filing/registration in Florida	L11000054584
5. (a) Registered Agent and Registered Office shown on the	
Registered Agent: (Delete her	NONA REPPY
Registered Office Address:	parm marker, FL
	34687
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:
NEW Registered Agent:	ROBERT REPPY
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	101 Carlyle Dr. Pala Harbor ,FL 3468 3
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative wife vise provided in the articles of organization.
Signature of a member or authorized representative of a member	Yet Yet Marie
Printed or typed name of signee	STAT ORATI
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608/F.S. Or, if this document is being filed to mer- address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	
	7 Tollohanna El 22214

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