

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : URS AGENTS LLC  
Account Number : I20150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: spatten@aegeismedicalgroup.com

LLC REGISTERED AGENT CHANGE  
PRIMARY CARE ALLIANCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 DEC 22 AM 8:30

STATE OF FLORIDA

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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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: PRIMARY CARE ALLIANCE, LLC
2. (a) 18550 U.S. HIGHWAY 441  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
SUITE A  
MOUNT DORA, FL 32757
- (b) 18550 U.S. HIGHWAY 441  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
SUITE A  
MOUNT DORA, FL 32757
3. 05/30/2012 Date of filing/registration in Florida
4. L12000072300 Document number
5. (a) CF Registered Agent, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
100 S. Ashley Dr.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 400  
TAMPA, FL 33602
- (b) NRAI Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1200 SOUTH PINE ISLAND RD  
NEW Registered Office Address:  
PLANTATION, FL 33324

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.

[Signature]  
Signature of a member or authorized representative of a member

Sidney W. Morgan  
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 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.

Natalie Leiba-Paul  
Signature of Registered Agent  
Natalie Leiba-Paul - Assistant Secretary

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

FILING FEE: \$25.00

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