

L13000019757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2013

JOHN PETERSON
7857 DREW CIR STE 15
FT MYERS, FL 33967

SUBJECT: MEDICAL SENTRY, LLC
Ref. Number: L13000019757

We have received your document for MEDICAL SENTRY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00025401

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of "Registered Agent Service"
Name of Corporation

DOCUMENT NUMBER: L13000019757

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Peterson

Name of Contact Person

Medical Sentry, LLC

Firm/Company

7857 Drew Cir Ste 15

Address

Fort Myers, FL 33967

City/State and Zip Code

jpeterson@ifssi.com

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

For further information concerning this matter, please call:

John Peterson

Name of Contact Person

at (239) 415-4374

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Medical Sentry, LLC
2. (a) Principal office address of limited liability company: 7857 Drew Cir Ste 15
(Note: **MUST BE STREET ADDRESS**) FORT MYERS, FL 33967
- (b) Mailing address of limited liability company: Same
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: Feb 7th, 2013
4. Document number: L13000019757

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

Registered Agent:

Registered Office Address:

2711 Centerville Rd
Wilmington, Del 19808

The Company Corporation
P.O. Box 13397
Philadelphia, PA 19101-3397

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

NEW Registered Agent:

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

Justin N Peterson
7857 Drew Circle Ste 15
Fort Myers FL 33967

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.

John W Peterson
Signature of a member or authorized representative of a member

John W Peterson Managing Member
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 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.

John W Peterson
Signature of Registered Agent

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