

LB000102224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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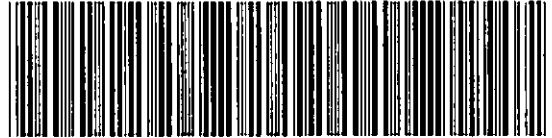
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEALTH FIRST PRIMARY CARE 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:

VIJAY DASIKA

Name of Person

HEALTH FIRST PRIMARY CARE P.L.

Firm/Company

208 W DR MARTIN LUTHER KING JR BLVD

Address

TAMPA FL 33603  
City/State and Zip Code

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

For further information concerning this matter, please call:

VIJAY DASIKA at ( 813 ) 2233300  
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

☐ \$55 Filing Fee & Certified Copy

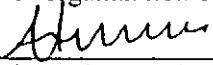
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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: HEALTH FIRST PRIMARY CARE P.L.
2. (a) 2123 W DR MARTIN LUTHER KING JR BLVD  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
TAMPA FL 33607
- (b) 208 W DR MARTIN LUTHER KING JR BL  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
TAMPA FL 33603
3. 07/18/2013  
Date of filing/registration in Florida
4. L13000102224  
Document number
5. (a) KESHAVA BABU  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
208 W DR MARTIN LUTHER KING JR BLVD  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
TAMPA, FL 33603
- (b) VIJAY DASIKA  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
208 W DR MARTIN LUTHER KING JR BLVD  
NEW Registered Office Address:  
TAMPA, FL 33603

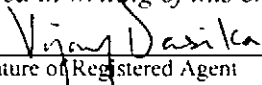
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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 of a member or authorized representative of a member

KESHAVA H BABU

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.*

  
Signature of Registered Agent

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