

L 16000034526

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

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LLC REGISTERED AGENT CHANGE  
ALTAMONTE SPRINGS PHYSICIAN GROUP 2, LLC

Certificate of Status	0
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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: Altamonte Springs Physician Group 2, LLC

2. (a) 659 DOUGLAS AVENUE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) ALTAMONTE SPRINGS, FL 32714 (b) 659 Douglas Avenue Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Altamonte Springs, FL 32714

3. 2/13/2016 Date of filing/registration in Florida 4. L16000034526 Document number

5. (a) SORTINO, MICHAEL J Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7875 SW 104TH STREET SUITE 103

Registered Office Address (MUST BE FLORIDA STREET ADDRESS) MIAMI, FL 33156

(b) C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address: 1200 South Pine Island Road Plantation, FL 33324

FILED 2021 AUG 12 PM 4:45 SECRETARY OF STATE TALLAHASSEE FLORIDA

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: Leslie Prizant Printed or typed name of signer: Leslie Prizant

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.

By: C T Corporation System Sandra Zwijsack, Asst. Secretary Signature of Registered Agent