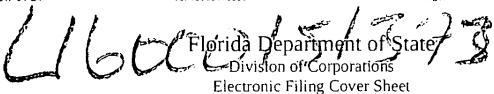
10/1/2024 07:21:16 FET

To: 18506176383

Fax; 8134365206



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000331546 3)))



H240003315463ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

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LLC REGISTERED AGENT CHANGE PHYSICIAN COMPASSIONATE CARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

10/1/2024 07:21:16 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

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. N	ame of the limited liability company: Physician Compa		re LLC					
2. (a)		(b)_						
	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	7901 4th St N STE 300	7	7901 4th St N STE 300					
	St. Petersburg, FL 33702		St. Petersburg, FL 33702					
	08/10/16	L10	16000151373					
3.	Date of filing/registration in Florida	4.	Document number					
5. (a)	, Bloom, Aaron							
-/- (u	Registered Agent and Registered Office shown on the records of							
	2433 Gulf To Bay							
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS)						
	Suite 201							
	Clearwater F1	33765						
	Northwest Registered Agent LLC							
(b)	Enter name of NEW Registered Agent and/or NEW Registerer	d Office addre	ess:					
			$\overline{}$					
	7901 4th St N		AH 8:					
	NEW Registered Office Address:							
	STE 300		——————————————————————————————————————					
	St. Petersburg . FI	33702						
the ch agent was/w the art	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the register lability comp of the limite	ered office and the business office of the registered ipany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.					
Signa	ature of a member of authorized representative of a member		Printed or typed name of signee					
There provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dip writing of this change.		n this capacity. I further agree to comply with the use of my duties, and I am Jamiliar with and accep apter 605. F.S. Or, if this document is being filed firm that the limited liability company has been					
	Taylor Newman - Assistant Sure of Registered Agent	ecretary						