

7/26/23, 9:49 AM

Division of Corporations

Florida Department of State  
 Division of Corporations  
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**L140050195974**

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**LLC REGISTERED AGENT CHANGE  
 SELECT PHYSICIANS ASSOCIATES, LLC**

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DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
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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: Select Physicians Associates, LLC.
2. (a) 601 S HARBOUR ISLAND BLVD  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
SUITE 200  
TAMPA, FL 33602  
10/24/2016
- (b) 601 S HARBOUR ISLAND BLVD.  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
SUITE 200  
TAMPA, FL 33602  
L16000195974
3. 10/24/2016 Date of filing/registration in Florida
4. L16000195974 Document number
5. (a) ALAN S GASSMAN  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1245 COURT STREET  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
SUITE 102  
CLEARWATER, FL 33756
- (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

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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.

Michael Haber Signature of a member or authorized representative of a member  
Michael Haber 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.

By: C T Corporation System Sean I Emerick SEAN I. EMERICK, ASSISTANT SECRETARY  
Signature of Registered Agent

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