

L170000 39003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

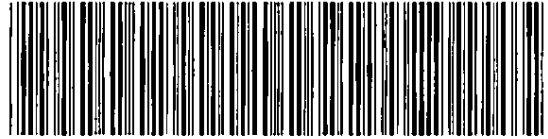
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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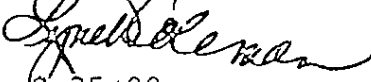
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SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 945524 8421827

AUTHORIZATION : 

COST LIMIT : \$ 254.00

ORDER DATE : August 18, 2023

ORDER TIME : 11:15 AM

ORDER NO. : 945524-027

CUSTOMER NO: 8421827

CHANGE OF AGENT

NAME: PHYSICIAN MANAGEMENT SERVICES
OF EASTERN GEORGIA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

**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: PHYSICIAN MANAGEMENT SERVICES OF EASTERN GEORGIA, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>3113 LAWTON ROAD, SUITE 250</u> <u>ORLANDO, FL 32803</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>3113 LAWTON ROAD, SUITE 250</u> <u>ORLANDO, FL 32803</u>
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3. <u>03/14/2017</u> Date of filing/registration in Florida	4. <u>L17000059003</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Capital Connection, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
417 E. Virginia St., Ste#1
Tallahassee, FL 32301

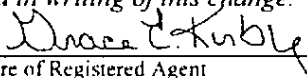
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

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.

<u>/S/ JILL CILMI</u> Signature of a member or authorized representative of a member	<u>JILL CILMI, AUTHORIZED PERSON</u> Printed or typed name of signee
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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.

<u></u> Signature of Registered Agent	GRACE E KIRBY, ASST. VICE PRESIDENT
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