

L17000220833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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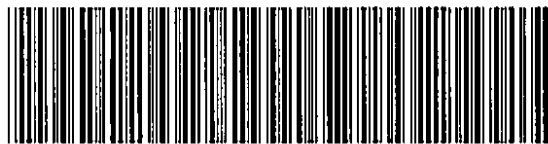
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lehigh Accident Care, LLC  
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:

Melissa J Simonelli

Name of Person

Lehigh Accident Care, LLC

Firm/Company

PO BOX 151850

Address

Cape Coral, FL 33915

City/State and Zip Code

#accounts@ppmclinic.com

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

For further information concerning this matter, please call:

Melissa J Simonelli

Name of Person

at ( 239 ) 908-0899

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

**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: Lehigh Accident Care, LLC
2. (a) Lehigh Accident Care, LLC (b) Lehigh Accident Care, LLC
- Principal office address of limited liability company: 1530 Lee Blvd Suite 1700  
(Note: **MUST BE STREET ADDRESS**)
- Mailing address of limited liability company: PO Box 151850  
(Note: **MAY BE POST OFFICE BOX**)
- Lehigh Acres, FL 33936 Cape Coral, FL 33915
3. 10/25/2017 4. L17060220833
- Date of filing/registration in Florida Document number

5. (a) Resigned James Bolger
- Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

15310 Canongate Dr  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Myers, FL 33912

- (b) Melissa J Simonelli

Enter name of NEW Registered Agent and/or NEW Registered Office address:

2119 SW 29th Terrace

NEW Registered Office Address:

Cape Coral, FL 33914

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.

James M Bolger  
Signature of a member or authorized representative of a limited liability company

James M Bolger DC

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.

Melissa J Simonelli  
Signature of Registered Agent