

Florida Department of State
Division of Corporations
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Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: sdonaldson@pinnaclehomecare.net

**LLC REGISTERED AGENT CHANGE
HOME CARE PHYSICIAN SOLUTIONS, LLC**

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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: Home Care Physician Solutions, LLC

2. (a) 2352 Messenger Circle (b) 2352 Messenger Circle

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Safety Harbor, FL 34695

Safety Harbor, FL 34695

05/26/2023

L23000258212

3. Date of filing/registration in Florida

4. Document number

5. (a) Don B. Weinbren, Esquire

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

101 East Kennedy Boulevard, Suite 2700

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33602

(b) Shane Donaldson

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

2352 Messenger Circle

NEW Registered Office Address:

Safety Harbor, FL 34695

APPROVED
AND
FILED
2023 SEP 18 PM 6:26
TALLAHASSEE, FLORIDA
CLERK OF THE STATE

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 Shane Donaldson or the operating agreement of the limited liability company.

Shane Donaldson
Signature of a member or authorized representative of a member

Shane Donaldson

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 in the registered office address, I hereby confirm that the limited liability company has been

Shane Donaldson
Signature of Registered Agent