

L99 000 008450

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

JAN 13 2011

EXAMINER

FILED
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DIVISION OF CORPORATIONS
11 JAN 12 AM 9:28



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 639279 7760220
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 12 AM 9:28

ORDER DATE : January 11, 2011

25.00

ORDER TIME : 3:34 PM

ORDER NO. : 639279-016

CUSTOMER NO: 7760220

CHANGE OF AGENT

NAME: PREMIER PHYSICIAN MANAGEMENT
SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER: _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: PREMIER PHYSICIAN MANAGEMENT SERVICES, LLC

2. (a) Principal office address of limited liability company: 6802 Energy Court
(Note: **MUST BE STREET ADDRESS**) Sarasota, FL 34240

(b) Mailing address of limited liability company: 6802 Energy Court
(Note: **MAY BE POST OFFICE BOX**) Sarasota, FL 34240

12/06/1999

3. Date of filing/registration in Florida

L99000008450

4. Document number

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

Registered Agent:

Walters, Levine, Klingensmith & Thomison PA

Registered Office Address:

601 Bayshore Drive, Suite 720
Tampa, FL 33606

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

NEW Registered Agent:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

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.

[Signature]
(Signature of a member or authorized representative of a member)

Donna Duff
(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 608, 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: [Signature]
(Signature of Registered Agent) Sylvia Queppet, Asst. Vice President

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

FILING FEE: \$25.00

FILED
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