

MD600000786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

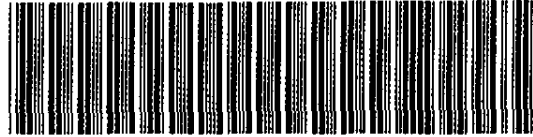
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000256966000

02/25/14--01014--006 **25.00

FILED
2014 FEB 25 AM 10:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 26 2014
D. BRUCE



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: February 21, 2014

Order#: 014216-095

Re: ST. CLOUD PHYSICIAN MANAGEMENT, LLC

Enclosed please find:

- XX Change of Registered Agent and Office.
- XX Check in the amount of \$25.00.

Please take the following action:

- XX File in your office on a routine basis.
- XX Issue Proof of Filing.
- XX Please return evidence to the following:

Attn: Lindsey Lockard
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

- XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

FILED
2014 FEB 25 AM 10:20
CLERK OF STATE
TALLAHASSEE FLORIDA

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

Pursuant to the provisions of sections 605.0114, 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: ST. CLOUD PHYSICIAN MANAGEMENT, LLC

2. (a) Principal office address of limited liability company: C/O HMA LEGAL DEPARTMENT
5811 PELICAN BAY BOULEVARD, SUITE 500
NAPLES FL 34108
(Note: MUST BE STREET ADDRESS)

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

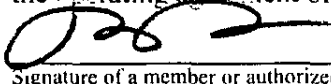
02/10/2006 M06000000786
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: C T CORPORATION SYSTEM,
Registered Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

(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.

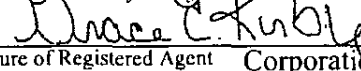


Signature of a member or authorized representative of a member

Dona Priebe, Authorized Person

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: 

Signature of Registered Agent Corporation Service Company Grace E. Kirby, Asst. Vice President

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

FILING FEE: \$25.00