

MU6000001477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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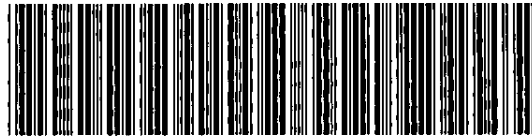
(Business Entity Name)

(Document Number)

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B. KOHR

SEP 17 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 720053 7342777

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 25.00

FILED
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TALLAHASSEE, FLORIDA

ORDER DATE : September 12, 2008

ORDER TIME : 9:38 AM

ORDER NO. : 720053-115

CUSTOMER NO: 7342777

CHANGE OF AGENT

NAME: MONTECITO MEDICAL - NW MEDICAL
ARTS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS: _____

**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: MONTECITO MEDICAL - NW MEDICAL ARTS, LLC

2. (a) Principal office address of limited liability company: 7785 Baymeadows Way
(Note: MUST BE STREET ADDRESS) Suite 200
Jacksonville, FL 32256

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

03/13/2006

3. Date of filing/registration in Florida

M06000001477

4. Document number

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

Registered Agent: William S Rogers, Jr.

Registered Office Address: 7785 Baymeadows Way
Suite 200
Jacksonville, FL 32256

(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.

Maureen Cullen
(Signature of a member or authorized representative of a member)

Maureen Cullen, Attorney in fact
(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 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: Michelle R. Vannoy
(Signature of Registered Agent) Michelle R. Vannoy, Assistant VP

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

FILING FEE: \$25.00