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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2013 OCT -4 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
OCT - 7 2013  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **POPLAR HEALTHCARE, PLLC**  
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:

**Donald E. Christopher, Esquire**

Name of Person

**Baker, Donelson, Bearman, Caldwell & Berkowitz, PC**

Firm/Company

**200 South Orange Avenue, Suite 2900**

Address

**Orlando, FL 32801**

City/State and Zip Code

**dchristopher@bakerdonelson.com**

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

For further information concerning this matter, please call:

**Donald E. Christopher** at **(407) 422-6600**

Name of Person

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

2013 OCT -4 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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: POPLAR HEALTHCARE, PLLC

2. (a) Principal office address of limited liability company: 3495 HACKS CROSS ROAD  
MEMPHIS, TN 38125  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 3495 HACKS CROSS ROAD  
MEMPHIS, TN 38125  
**(Note: MAY BE POST OFFICE BOX)**

09/19/2012

M12000005266

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: CHRISTOPHER, DONALD E

Registered Office Address: 390 NORTH ORANGE AVENUE  
SUITE 1875  
ORLANDO, FL 32801

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

NEW Registered Agent: CHRISTOPHER, DONALD E

NEW Registered Office Address: 200 SOUTH ORANGE AVENUE, SUITE 2900  
**(MUST BE FLORIDA STREET ADDRESS)**  
ORLANDO, FL 32801

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.

Jackie Malcapugay MD  
Signature of a member or authorized representative of a member

JACKIE MALCAPUGAY MD  
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.*

Jackie Malcapugay MD  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

**BAKER DONELSON**  
BEARMAN, CALDWELL & BERKOWITZ, PC

SHARON A. DENNY, LEGAL SECRETARY  
Direct Dial: 407.367.5408  
E-Mail Address: sdenny@bakerdonelson.com

200 SOUTH ORANGE AVENUE  
SUITE 2900

POST OFFICE BOX 1549  
ORLANDO, FLORIDA 32802

PHONE: 407.422.6600  
FAX: 407.841.0325

www.bakerdonelson.com

October 2, 2013

**VIA FEDEX**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir/Madam:

Enclosed please find cover letters and forms changing the registered agent address and/or principal office address of the following entities:

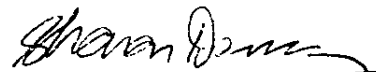
1. CHRISTOPHER RENTALS, LLC - Document No. L05000108274;
2. LITCHFORD & CHRISTOPHER, LLC - Document No. L11000135170; and
3. POPLAR HEALTHCARE, PLLC - Document No. M12000005266.

I have also enclosed our firm's check in the amount of \$75.00 payable to the Florida Department of State to cover the \$25.00 amendment cost for each of these three entities.

Should you have any questions regarding the enclosed, please do not hesitate to contact attorney Donald Christopher at 407-367-5402.

Very truly yours,

BAKER, DONELSON, BEARMAN,  
CALDWELL & BERKOWITZ, PC



Sharon A. Denny, Legal Secretary

/sd  
Enclosures