

M14000007520

(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



000309910950

FILED
10 APR 30 10:36 AM
TALLAHASSEE, FLORIDA

FILED
2018 APR 30 AM 10:36
TALLAHASSEE, FLORIDA

J. LEGGETT
MAY 01 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 186139 7765516

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : April 30, 2018

ORDER TIME : 10:12 AM

ORDER NO. : 186139-015

CUSTOMER NO: 7765516

CHANGE OF AGENT

NAME: MEDPARTNERS HIM, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedPartners HIM, LLC

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:

Ann Stipica

Name of Person

AMN Healthcare, Inc.

Firm/Company

12400 High Bluff Dr., # 100

Address

San Diego, CA 92130

City/State and Zip Code

ann.stipica@amnhealthcare.com

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

For further information concerning this matter, please call:

Ann Stipica

858

314-7443

at (_____) _____

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

**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: MedPartners HIM, LLC

2. (a) Two Harbour Place 302 Knights Run Avenue (b) 12400 High Bluff Dr., # 100
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Suite 1175 San Diego, CA 92130

Tampa, FL 33602

3. 10/16/2014 Date of filing/registration in Florida 4. M14000007520 Document number

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

1200 SOUTH PINE ISLAND ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324

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

1201 Hays Street
NEW Registered Office 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.

Todd Champeau
Signature of a member or authorized representative of a member

Todd Champeau
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 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.

Roxanne Turner
Signature of Registered Agent Corporation Service Company BY:

Roxanne Turner
Asst. Vice President

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