

1/29/2018

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
SMITH MEDICAL PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
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**RECEIVED**

JAN 29 2018

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JAN 30 2016

SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SMITH MEDICAL PARTNERS, 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:

Susan Coldren

Name of Person

AmerisourceBergen Corporation

Firm/Company

229 Washington Street

Address

Conshohocken, PA 19380

City/State and Zip Code

scoldren@amerisourcebergen.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Coldren

Name of Person

at (610)

757-2464

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 6527  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

IN118 (2/14)

# 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: SMITH MEDICAL PARTNERS, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

3013 Fiat Ave.  
Springfield IL 62703

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

227 Washington Street  
Conshohocken, PA 19428

3. 07/05/2016 Date of filing/registration in Florida 4. M16000005345 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1201 HAYS STREET  
Tallahassee, FL 32301-2525

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
C T Corporation System  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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] 1/24/2018 John G. Chow  
Signature of a member or authorized representative of a member 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: C T Corporation System Alfred Younan  
Signature of Registered Agent Assistant Secretary

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