

m17000000294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

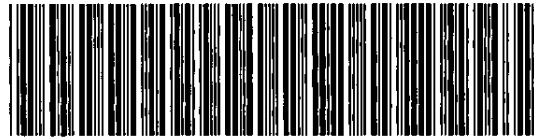
(Business Entity Name)

(Document Number)

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17 MAY -9 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**

MAY 10 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2017

PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, LLC  
P.O. BOX 669541  
POMPANO BEACH, FL 33066

SUBJECT: PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION,  
LLC  
Ref. Number: M17000000294

We have received your document for PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, LLC and your check(s) totaling \$350.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 217A00007904

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Physicians First Management Service Organization, 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:

Name of Person

Physicians First Management Service Organization, L

Firm/Company

PO Box 669541

Address

Pompano Beach, FL 33066

City/State and Zip Code

docyoza1@aol.com

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

For further information concerning this matter, please call:

Mitchell Moore, Esquire

at ( 954 ) 263-3814

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: Physicians First Management Service Organization, LLC

2. (a) 150 SW 12TH Avenue, Suite 440

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Pompano Beach, FL 33069

(b) PO Box 669541

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

Pompano Beach, FL 33066

01/10/2017

3. Date of filing/registration in Florida

M17000000294

4. Document number

5. (a) CASTROVINCI, STACEY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

150 SW 12th Avenue, Suite 440

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Pompano Beach, FL 33069

(b) ~~Physicians First Management Service Organization, LLC~~

InCorp Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

~~325 SW 14th Avenue #3~~ 17888 67th Court North

NEW Registered Office Address:

~~Loxahatchee~~ Loxahatchee  
~~Pompano Beach, FL 33069~~ Pompano Beach, FL 33470

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.

4-13-2017  
Signature of a member or authorized representative of a member

Mitchell Moore, Esquire

Printed or typed name of signatory

*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.*

Signature of Registered Agent

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

FILED  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA  
APR 11 2017 11:22 AM

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1. Name of the limited liability company: PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

150 S Andrews Avenue Ste 440

Pompano Beach, FL 33069

01/10/2017

M17000000294

3. \_\_\_\_\_  
Date of filing/registration in Florida

4. \_\_\_\_\_  
Document number

5. (a) CASTROVINCI, STACEY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

150 S Andrews Avenue Ste 440

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Pompano Beach, FL 33069

(b) InCorp Services, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

17888 67th Court North

**NEW** Registered Office Address:

Loxahatchee, FL 33470

Loxahatchee, FL 33470

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TALLAHASSEE, FLORIDA

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\_\_\_\_\_  
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.*

\_\_\_\_\_  
Signature of Registered Agent

Nadine Long on behalf of Incorp Services, Inc.

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FILING FEE: \$25.00