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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		
SUBJ	Physicians First Managemer	nt Service O	rganization, LLC
		e of Limited L	iability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the	following:
	Name of Person		
Phys	icians First Management Service C)rganization	, L
	Firm/Company		-
PO E	Box 669541		·····
	Address		
Pom	pano Beach, FL 33066		
	City/State and Zip Code		
docy	oza1@aol.com		
F	E-mail address: (to be used for future annu	al report notif	īcation)
For fu	rther information concerning this matter, p	olease call:	
Mitch	ell Moore, Esquire	954 _ at (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		Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314
	Enclosed is a check for the following a	ımount:	
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy
NILICI	8 (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.

l. Na	ame of the limited liability company: Physicians	First Ma	anagement Service Organization, LLC		
2. (a)	150 SW 12TH Avenue, Suite 440	C	(b) PO Box 669541		
, (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
			Pompano Beach, FL 33066		
	Pompano Beach, FL 33069				
	01/10/2017		M1700000294		
	Date of filing/registration in Florida	4.	Document number		
. (a)	CASTROVINCI, STACEY		·		
(4)	Registered Agent and Registered Office shown on the records	of the Florid	ida Dept. of State:		
	150 SW 12th Avenue, Suite 440				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES.	<u>ssy</u>		
	Pompano Beach	33069	9		
(<u>b)</u>	Physicians First-Management Service Org	anizatior	n, LLC InCorp Services, In		
(5)	Enter name of NEW Registered Agent and/or NEW Register	red Office ac			
			- 4 - 0 - 1/		
7	325 SW 14th Avenue #3 17	888 (67th Court North		
	NEW Registered Office Address:				
	Loxahatchee	33	<u> </u>		
-		FL 33069			
ا ماد	inited liability common is not accoming a sub-		- State of Florida it is bought confirmed that after		
ie cha		of the regi	gistered office and the business office of the registered		
	will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member		company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in		
e arti	cyles a greement of the operating agreement of t	he limited	l liability company.		
M	4-13-2017	<u>Mit</u>	itchell Moore, Esquire		
_	ture of a member or authorized representative of a member		Printed or typed name of sign		
rovisi ie obl i mere	ons of all Itatutes relative to the proper and comple igdtions of my position as registered agent as provi Durefled: a change in the registered office address,	igree to ac te perform ded for in I hereby c	nct in this capacity. I further agree to comply with the mance of my duties, and I am familiar for and accept to Chapter 605, F.S. Or, if this document is bothing filed confirm that the limited liability company has been		
лірівс	Tin writing of this change.				
ignatu	ryp) Registered Agent		$ \stackrel{\sim}{=} olimits_{\sim} olimit$		
	/ \	Don 624			
	Division of Corporations • P.O FILING	FEE: \$25	5.00		

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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite			
			(Note: MAY BE POS	•	-	-
150 S Andrews Avenue Ste 440		<u></u>				
Pompano Beach, FL 33069	_					
01/10/2017		M170000	00294			
Date of filing/registration in Florida	4.		Document number			
CASTROVINCI, STACEY						
Registered Agent and Registered Office shown on the records of the	ne Flori	da Dept. of Sta	ite:			
150 S Andrews Avenue Ste 440				5 25		
Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	253)	-	LIAHA CORETV	MAY	77
Pompano Beach , FL_		33069	- 	ind T		FILED
InCorp Services, Inc.				STI	=	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office a	ddress:	- ,	RBA	22	
17888 67th Court North			_			
NEW Registered Office Address:						
Loxahatchee, FL 33470			<u>-</u>			
Loxahatchee , FL		33470				
age or changes are made, the Florida street address of tall be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of	he reg pility (the li	sistered offic company, it mited liabili	e and the business of is hereby confirmed t ty company or as oth	fice of the	e regi: nange(st e red (s)
re of a member or authorized representative of a member			Printed or typed name of	of signee		
ins of all statutes relative to the proper and complete p	คาไดา	nance of mv	duties, and I am tam	iliar with	and a	icceni
	Date of filing/registration in Florida CASTROVINCI, STACEY Registered Agent and Registered Office shown on the records of the shown of	Date of filing/registration in Florida CASTROVINCI, STACEY Registered Agent and Registered Office shown on the records of the Florida 150 S Andrews Avenue Ste 440 Registered Office Address (MUST BE FLORIDA STREET ADDRES) Pompano Beach FL InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office at 17888 67th Court North NEW Registered Office Address: Loxahatchee, FL 33470 Loxahatchee, FL 33470 Loxahatchee , FL mited liability company is not organized under the laws of the registered dentical. Or, in the case of a Florida limited liability or authorized by an affirmative vote of the members of the lighes of organization or the operating agreement of the limited are of a member or authorized representative of a member of a member of a member of a member of all statutes relative to the proper and complete performs of all statutes relative to the proper and complete performs of all statutes relative to the proper and complete performs of all statutes relative to the proper and complete performs of all statutes relative to the proper and complete performs of an appointment as registered agent as provided for in the registered office address. I hereby	Date of filing/registration in Florida CASTROVINCI, STACEY Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 150 S Andrews Avenue Ste 440 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Pompano Beach , FL 33069 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 Loxahatchee , FL 33470 Loxahatchee , FL 33470 Loxahatchee are made, the Florida street address of the registered office address of organization or the operating agreement of the limited liability company, it reauthorized by an affirmative vote of the members of the limited liability company is not organized agreement of the limited liability company is a company of the authorized by an affirmative vote of the members of the limited liability company is not organized agreement of the limited liability company of all statutes relative to the proper and complete performance of my gations of my position as registered agent and agree to act in this capus of all statutes relative to the proper and complete performance of my gations of my position as registered agent agent as provided for in Chapter 600 to registered office address. I hereby confirm that the registered office address.	Date of filing/registration in Florida Document number 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 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 Loxahatchee , FL 33470 Loxahatchee , FL 30470 L	Date of filing/registration in Florida Date of filing/registration in Florida Document number 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 FINCOrp 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 Loxahatchee Florida street address of the registered office and the business office of the ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the creating the confirmative vote of the members of the limited liability company or as otherwise process of organization or the operating agreement of the limited liability company. Frinted or typed name of signee of a member or authorized representative of a member of a member of my duties, and I am familiar with gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is vereflect a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is vereflect a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is vereflect a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is provided for in Chapter 605, F.S. Or, if this document is provided for in Chapter 605, F.S. Or, if this document is provided for in Chapter 605, F.S. Or, if this document is provided for in Chapter 605, F.S. Or, if this document is the chapter of the chapter of the proper and complete performance of my duties, and I am familiar with gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is the chapter of the proper and complete performance of my duties, and I am familiar with gations of my position as registered agent as provided for in Chapt	Date of filing/registration in Florida Document number 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 InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: Loxahatchee, FL 33470 Loxahatchee, FL 33470 Inited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that aftige or changes are made, the Florida street address of the registered office and the business office of the regist ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the changed rea authorized by an affirmative vote of the members of the limited liability company or as otherwise provided less of organization or the operating agreement of the limited liability company. In of a member or authorized representative of a member Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with and a gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being diverselect a charge in the registered office address. I hereby confirm the limited liability comment has being diversed as the registered office address. In the charge of the limited liability comment is being with and a gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being whas be