

P010000003887


ACCESS
HEALTHCARE, LLC.
5350 SPRING HILL DR.
SPRING HILL, FL. 34606

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

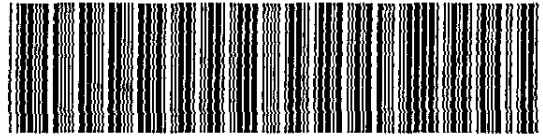
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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RAC 4 2003
20-62-1
2003

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

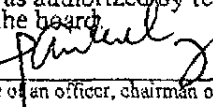
1. The name of the corporation: Primary Medical Group, Inc
2. The mailing address of the corporation: 5350 SPRINGHILL DR
Springhill FL 34606
3. Date of incorporation/qualification: 1-8-01 Document number: 901000003857
4. The name and address of the current registered agent and registered office:

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT Acceptable)

Pariksinh SINGH
5350 Springhill Drive
Springhill, FL 34606

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

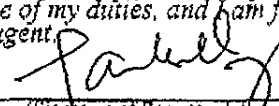
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

x 
(Signature of an officer, chairman or vice chairman of the board)

1/27/03
(Date)

Pariksinh SINGH
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 am familiar with and accept the obligation of my position as registered agent.

x 
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *

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