

P/00000071945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

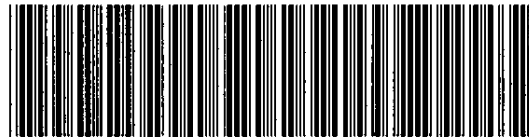
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 OCT 19 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts OCT 20 2010



National Registered Agents, Inc.  
11600 College Boulevard  
Suite 210  
Overland Park, KS 66210  
800.550.6724  
Fax 913.851.0713

October 13, 2010

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Accentia Physicians Service, Inc.  
Change of Registered Agent

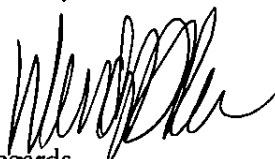
Dear Sir/Madam,

For the purposes of changing the registered office and/or registered agent of the above captioned Accentia Physicians Service, Inc.

Please find the enclosed original Certificate of Change of Registered Agent accompanied by our check in the amount of Amount of \$35.00

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

  
Regards,

Wendy D. Rea  
National Registered Agents, Inc.

Enclosure - Check

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ACCENTIA PHYSICIANS SERVICE INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000071945

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy D. Rea  
(Name of Contact Person)

NRAI, Inc.  
(Firm/Company)

11600 College Blvd, Suite 210  
(Address)

Overland Park, KS 66210  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy D. Rea at ( 800 ) 550-6724  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ACCENTIA PHYSICIANS SERVICE INC.
2. The principal office address: 7481 WEST OAKLAND PARK BLVD., SUITE 302  
FORT LAUDERDALE FL 33319
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/31/2010 Document number: P10000071945
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: \_\_\_\_\_

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

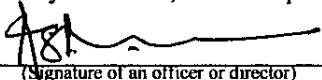
2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

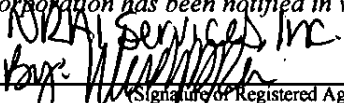
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Ramachandra N. Swamy, Director  
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

10/13/10  
(Date)

If signing on behalf of an entity:

Wend yD. Rea, Asst Secretary  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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