

L01000017570

St. John
Landon &
Mason, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
AND BUSINESS CONSULTANTS

4401 North Federal Highway
Suite 202
Boca Raton, FL 33431

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

OTHER FILINGS

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TALLAHASSEE, FLORIDA

Examiner's Initials

L01000017570

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT
FOR CORINA COLLIN CENTER, LLC

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Corina Collin Center, LLC.
2. The mailing address of the limited liability company is: 5258 Linton Boulevard, Suite 101, Delray Beach, Florida, 33484
3. Date of filing/registration in Florida: October 12, 2001
4. Document Number: :01000017570
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

David J. Zappitell, Esquire
5355 Town Center Road, Suite 1105
Boca Raton, Florida 33486

6. The name and address of the new registered agent and/or office:

M. Albin Morariu, M.D.
5258 Linton Boulevard, #101
Delray Beach, Florida 33484

It is hereby confirmed that the change(s) were authorized affirmative vote of the members of the limited liability company otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Mr. ALBIN MORARIU

(Printed or typed name of signee)

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 608, F.S. Or, if this document is being filed merely to 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

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