

L12 000004547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

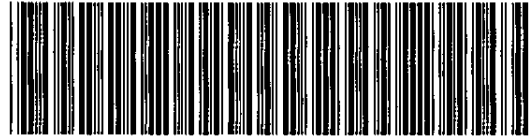
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200239520782

08/13/12--01005 -016 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
212 SEP 13 PM 1:00

FILED

T. CLINE
SEP 14 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Altius Healthcare Group, 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:

Ira Berke
Name of Person

ALTIVS HEALTHCARE GROUP
Firm/Company

3163 NW 60th St.
Address

Boca Raton, FL 33496
City/State and Zip Code

IBERKE@THEALTIVS GROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Domb at (561) 315-6531
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
21 SEP 13 PM 1:00

FILED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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. Name of the limited liability company: Altius Healthcare Group, LLC

2. (a) Principal office address of limited liability company: 5550 Glades Rd.

(Note: MUST BE STREET ADDRESS)

Ste 500
Boca Raton, FL 33431

(b) Mailing address of limited liability company: 5550 Glades Rd.

(Note: MAY BE POST OFFICE BOX)

Ste 500
Boca Raton, FL 33431

01/10/2012
3. Date of filing/registration in Florida

L12000004547
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Marc Domb

Registered Office Address: 15251 Palmwood Rd.
Palm Beach Gardens, FL 33410

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

NEW Registered Agent: Ira Berke

NEW Registered Office Address: 3163 NW 60th St.
(MUST BE FLORIDA STREET ADDRESS) Boca Raton FL 33496

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.

Ira Berke
Signature of a member or authorized representative of a member

Ira Berke
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 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.

Ira Berke
Signature of Registered Agent

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