

PH0000079213

Florida Department of State
Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCAC00000023
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REGISTERED AGENT CHANGE
ACCESS MEDICAL GROUP OF WESTCHESTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

CC
RA/RO/chg
@ 8/20/14

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: Access Medical Group of Westchester, Inc.
2. The principal office address: 777 Brickell Avenue, Suite 1070, Miami, FL 33131
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/07/2011 Document number: P11000079213

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mark Feluren, Esq.
200 E. Broward Blvd., Suite 1110
Fort Lauderdale, Florida 33301

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

CT Corporation System
1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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; of the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Roberto Palanzuela, Chief Operating Officer
Printed or typed name and title

I hereby accept this 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]
Signature of Registered Agent

8/19/2014
Date

If signing on behalf of an entity:
Kristin Bolden
Assistant 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
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