I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 02/13/2014

MGR

SIGNATURE: ROBIN ARROYAVE

DOCUMENT# L13000077303 Entity Name: EXIGENT MED GROUP, LLC

Current Principal Place of Business:

444 BRICKELL AVE. SUITE 51-121 MIAMI, FL 33131

Current Mailing Address:

9965 SW 125 TERR MIAMI, FL 33176 US

FEI Number: 46-3652650

Name and Address of Current Registered Agent:

ARROYAVE, ROBIN 9965 SW 125 TERR MIAMI, FL 33176 US

FILED Feb 13, 2014 Secretary of State CC0623903576

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	ARROYAVE, EFRAIN	Name	ARROYAVE, ROBIN
Address	9965 SW 125 TERR	Address	9965 SW 125 TERR
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176
Title		Title	1001
Title	MGRM	Title	MGRM
Name	MGRM ARROYAVE, CALI V	Name	MGRM CHILSON, LARRY
Name	ARROYAVE, CALI V	Name	CHILSON, LARRY

Electronic Signature of Signing Authorized Person(s) Detail

Date