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.

MANAGER

SIGNATURE: ARTHUR L. GRUEN

Electronic Signature of Signing Authorized Person(s) Detail

ONE INDEPENDENT DRIVE

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:

F & L CORP.

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR
Name	GRUEN, ARTHUR L
Address	440 STEVENS AVE STE 150
City-State-Zip:	SOLANA BEACH CA 92075

DOCUMENT# M04000001468

Entity Name: EMERGENCY AND ACUTE CARE MEDICAL COMPANY -SOUTHEAST, LLC

Current Principal Place of Business:

440 STEVENS AVE STE 150 SOLANA BEACH, CA 92075

Current Mailing Address:

440 STEVENS AVE STE 150 SOLANA BEACH, CA 92075

FEI Number: 30-0243491

Name and Address of Current Registered Agent:

SUITE 1300 JACKSONVILLE, FL 32202 US

Date

Certificate of Status Desired: No

Jan 14, 2016 Secretary of State CC3696400690

FILED

Date

01/14/2016