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 608, 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

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

DOCUMENT# M04000001468

FEI Number: 30-0243491

Name and Address of Current Registered Agent:

F & L CORP. ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202 US

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

Authorized Person(s) Detail :

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

Certificate of Status Desired: No

01/25/2013

Date

FILED Jan 25, 2013 Secretary of State CC4041877541

Date