SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

200	UNIFORM BUSI	NESS REPU	NI (UB	<u>n,                                     </u>	r	, i	
DOCUMENT # L0000005218							
OCSF PHYSICIANS, L.L.C.					FILED		
Principal Plac	re of Business	Mailing Address		· ·	01 JAN 29 PM 4: 24		
600 SQUTH PINE ISLAND BLVD 600 SQUTH PINE ISLAND BL			BLVD		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
PLANTATION FL 33324 PLANTATION FL 33324				IALLAHASSEE, FLORIDA			
	lace of Business	3. Mailing Address		- 1	A MADAMAKA BUT DOKUM BERMA BOMA GOKAH BOMA BERMA BOMAN DINING MA	<u>  8   4   8   5   5   6   6   6   6   6   6   6   6</u>	
Suite, Apt. #, etc. Suite, Apt. #,			ort. #, etc.		DO NOT WRITE IN THIS SPACE		
# 300 City & State		City & State		A EE	4. FEI Number Applied For		
	<u> </u>				\\\\	Not Applicable	
Zip	Country	Zip	Country	<b>5.</b> Cer	ificate of Status Desired		
	6. Name and Address of Current R	egistered Agent	Name	7. Nan	e and Address of New Registered Agent		
ZISKIND & ARVIN, P.A.				Name .			
444 BRICKELL AVENUE			Street Address (P.O. Box Number is Not Acceptable)				
SUITE 400			8000036243287 -02/02/0100041018				
MIAMI BEACH FL 33131				City *****50.0 <b>作</b> 上** <b>****5</b> 0.00			
8. The above	named entity submits this statement	the purpose of changing its r	egistered office o	r registered agent	or both, in the State of Florida.		
SIGNATURE							
SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered Agent signa	ture required when reinsta	ting) DATE		
	1	FILE NO	W!!! FEE IS :	\$50.00			
		Make Check Pay	able to Depart	tment of State			
9.	MANAGING MEMBER	RS/MEMBERS	10.		ADDITIONS/CHANGES		
TITLE NAME	MGRM JACOBS, STEVEN MD	☐ Delete	TITLE NAME	MGRM Bruco B	SCALANTZ MD Change	Uoitippw display disp	
STREET ADDRESS			STREET ADDRESS		Bruce Bukantz, MD 600 S. Pine Island Rd, Sk. 300		
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP	Plantati	ON PL 33324		
TITLE - NAME	The contraction was a	☐ Delete	TITLE NAME	Brid Ch	cupt MD.	-	
STREET ADDRESS			STREET ADDRESS	600 5	Pine Island Rd. Ste. 30	>0	
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	marm	162 PC 333394 ☐ Change	Addition	
NAME	,	L.J Delete	NAME	phillip	CUMMINAS, MD		
STREET ADDRESS   CITY-ST-ZIP	·		STREET ADDRESS CITY-ST-ZIP	600 51	Pinelslaud Rd. Ste. 300 How RC 33334	\$	
TITLE		□ Delete	TITLE	Who kings	Jamen Change	ddition	
NAME			NAME	(000 S. F	ine Island Rd. Ste. 30 T	,	
STREET ADDRESS,			STREET ADDRESS CITY-SY-ZIP	Planta	102 FC 33334		
TITLE	•	☐ Delete	TITLE MC	Exchard	Sirva MD Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	600 S.P	ine Island Rd. Ste. 300		
CITY-ST-ZIP	·		CITY-ST-ZIP	Planta	tun FL 33334		
TITLE NAME	· —	☐ Delete	TITLE NAME	MGRM	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS	600 S F	and Island Rol She 30	0	
CITY-ST-ZIP			CITY-ST-ZIP	Plante	ten FC 33354		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.							

Date

Daytime Phone #