2004 LIMITED LIABILITY COMPANY

FILED Jan 20, 2004 8:00 am Secretary of State

DOCU								Action to the second	
DOCUMENT # L01000019633 1. Entity Name AGP MEDICAL LLC						01-20-2004 9			30
Principal Place	of Business	Mailing Address			7		24001	816	
2929 SWANN		2929 SWANN AVE.			1				
SUITE 400		SUITE 400			1				
TAMPA, FL 3	3609	TAMPA, FL 33609			-	# ##!# ! # # # ## #! ## !!! #			18 BL 18 18 BL
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc. 2919 Swann Ave		Suite, Apt. #, etc.		01122004	Chg-LLC	CR2E08	3 (10/03)		
City & State	3	City & State			4. FEI Numb			<u> </u>	plied For
Zip	Country	Zip	Count		59-375	055/8			t Applicable
ZIP	Country] Zip	Count	ry	5. Centificate	e of Status Desired		55.00 Add	
	6. Name and Address of Current I	Registered Agent			7. Name an	d Address of New			<u></u>
				Name					
	OVE, ARTHUR G		}	Stroot Addrson	/B.O. Box Numb	or in Not Assents	lal		
2929 SWAI SUITE 400		Street Address			9 Swenn	Der is Not Acceptab	ile)		
TAMPA, FL			[
•			}	City		<u> </u>	FL	Zip Cod	8
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registere	d office or registr	ered agent, or be	oth, in the State of F	lorida. I am fa	miliar with,	and accept
SIGNATURE									
BIGINATORE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004						ke check pa la Departme		B	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES		
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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 on the repeiver of frustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

AUTHORIZED REPRESENTATIVE

JAN 1 5 2004

727 327 0406

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