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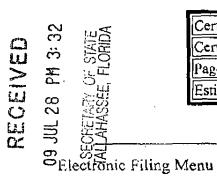
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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

VAUGHN EMERGENCY PHYSICIANS, LLC



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Corporate Filing Menu

J. BRYAN

JUL 29 2009

EXAMINER

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. Name of the limited liability company: Vaughn Emergency Physicians, LLC 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3107 STIRLING ROAD STB. 300 FORT LAUDERDALE FL 33312 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3107 STIRLING ROAD STE. 30 FORT LAUDERDALE FL 333 04/24/2002 L02000009754 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. Registered Agent: JEFFREY SCHILLINGER Registered Office Address: 3107 STIRLING ROAD STE. 300 FORT LAUDERDALE FL 33312 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: C T Corporation System **NEW** Registered Office Address: 1200 South Pine Island Road (MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is bereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. a member or authorized representative of a member Eddare Management, Inc Schillinger, lestra Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Samantha Jones C T Corporation System Signature of Registered Agent

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

Assistant Secretary