

LO20000029524

Division of Corporations

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Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT CHANGE
LAKE WORTH OUTPATIENT PROPERTIES, LLC

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Lake Worth Outpatient Properties, LLC

2. (a) _____ Principal office address of limited liability company; <i>(Note: MUST BE STREET ADDRESS)</i> <u>6944 Lake Worth Road</u> <u>Lake Worth, Florida 33467</u>	(b) _____ Mailing address of limited liability company; <i>(Note: MAY BE POST OFFICE BOX)</i> <u>6944 Lake Worth Road</u> <u>Lake Worth, Florida 33467</u>
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3. _____ Date of filing/registration in Florida <u>11/05/2002</u>	4. _____ Document number <u>L02000029524</u>
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5. (a) B & C Corporate Services, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

One Biscayne Tower, 21st Floor

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

2 South Biscayne Boulevard

Miami, FL 33131

(b) Michael Urban, M.D.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

6944 Lake Worth Road

NEW Registered Office Address:

Lake Worth, FL 33467

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 hereby 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.

[Signature]
Signature of a member or authorized representative of a member

Michael Urban, M.D.

Printed or typed name of signer

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 605, 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.

[Signature] Michael Urban, M.D.
Signature of Registered Agent

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

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