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2005 MAY 16 P 1: 34 SECRETARY OF STATE (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP ☐ WAIT MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status Special Instructions to Filing Officer:

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## PresGar Companies, LLC

FILED

Mailing Address: 14025 Riveredge Drive Suite 600

Tampa, Florida 33637 Phone: 813-977-8756 Fax: 813-977-0143

May 12, 2005

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Florida Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

Change of Registered Agent MD Medical Holding, LLC

To Whom It May Concern:

Enclosed for filing, please find an original form of the Statement of Change of Registered Office or Agent or Both for Limited Liability Company for the above-referenced company, with a check for the filing fee. Should you have any questions or concerns, please do not hesitate to contact me at (813) 675-2447.

Thank you in advance for your assistance.

Spicerery,

Corporate Paralegal

Enclosures

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

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 officeror resoluted agent, or both, in the State of Florida.
1. The name of the limited liability company is: MD Medical Hotoing. LLC.
2. The mailing address of the limited liability company is: 14005 Riveredge Dr. Sufe 600 Tampa, FL 33637
1/11/12
3. Date of filing/registration in Florida  4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Oxporation Service Company  Name Street  Address  Tallahassee FL 33301  City, State and Zip
6. The name and address of the new registered agent and/or office:
Tampa FI 33637  City, State and Zip
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 of a member or authorized representative of a member)  Teffrey P Greenberg, Secretary  (Printed or typed name at 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.  (Signature of Registered Agent)  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00