## L03000010047

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DIVISION OF CORPORATION OF JAN 14 AM 9: 43

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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 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. The name of the limited liability	company is: INTE	RNATIONAL	HOSPITAL	TY PURVEY	ORS, LLC
2. The mailing address of the limite	d liability company	y is :2030	NE 18th 8	St.,	
		Ft.]	Lauderdale	e, FL 3330	5
March 20, 2003		L 030	000010047		
3. Date of filing/registration in Flori	ida	4. Do	cument num	ıber	
5. The name of the registered agent a Florida Department of State:	and the registered o	office address	s as shown o	n the records	of the
<u>Charle</u>	s S. Dale				A JA
414 N.	Nam E. 4th St.			us Mark	D4 JAN 14
¥← Io	Addre uderdale, Flor		•		2 P P P P P P P P P P P P P P P P P P P
Tt. La	City, State	and Zip	<u>,                                    </u>		9 8 8
6. The name and address of the new	registered agent ar	ıd/or office:			SORPORATIONS
MARY	ELLEN WHARRY				
22.17	Name	_			
	treet address (P.O.		ccentable)	±	
	•		ccoptable)		
Ft. Lau	derdale FL	33304	<del></del>		
	City, State ar	id Zip			
If the limited liability company is no confirmed that after the change or chand the business office of the registe liability company, it is hereby confirm the members of the limited liability of the operating agreement of the limited	anges are made, the red agent will be in med that the chang company or as other	e Florida str lentical. Or, e(s) was/wer rwise provid	eet address o	of the register	red office
Mary Gelou Wharvey (Signature of a member or authorized répresents	tive of a member)	·			
MARY ELLEN WHARRY					
(Printed or typed name of signee)			6.5	¥	
I hereby accept the appointment as a comply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the ling (Signature of Registered Agent)	registered agent an tutes relative to the e obligations of my ent is being filed to nited liability comp EN WHARRY	nd agree to a proper and position as merely refle oany has bee	ct in this cap complete pe registered a ct a change n notified in	pacity. I furt rformance of gent as prov in the regist writing of th	her agree to f my duties, ided for in ered office iis change.
· · MAKI ELL	TANTALIN MICH.				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314