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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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AL

COVER LETTER

TO: Registration Division of	n Section Corporations						
	-						
SUBJECT:	Rich ASC, LLC						
(Name of Limited Liability Company)							
Dear Sir or Madam	:						
The enclosed Regis	stered Agent/Registered Office	e Change and fee(s) are sub	omitted for filing.				
Please return all co	rrespondence concerning this	matter to the following:					
		_	. 4.				
<u>William J.</u>	Spratt, Jr. (Name of Person)		TAI				
	(Name of Person)		1 OCT 23 LAHASSE				
WOT COE.			OCT 23				
K&L Gates	(Firm/Company)						
			D 3.1				
200 South	Biscayne Blvd., 20t	h Floor	至 5				
	(Address)		P G				
1 * * ***	2242 2200						
Miami, Flo	rida 3313-2399 (City/State and Zip Code)						
	(Only/outle and Dip Code)						
For further informa	tion concerning this matter, p	lease call:					
William J.	Spratt, Jr. at	(305) 539-3300					
	me of Person)		ytime Telephone Number)				
			·				
	OURIER ADDRESS:	MAILING ADDRESS	S:				
Registration		Registration Section					
Division of C Clifton Build		Division of Corporations P.O. Box 6327					
	ive Center Circle	Tallahassee, Florida 32314					
Tallahassee,	Florida 32301						
Enclosed is	a check for the following ar	nount:					
🖫 \$25 Filin	ig Fee	\$55 Filing Fee & Certified Copy					

- 2 -

INHS18 (8/05)

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 limite	ed liability company is:	Rich ASC	, LLC		
2. The mailing address o	f the limited liability com	ipany is : <u>20</u>	00 South Bi	scayne Bl	lvd.
	20th Floor, Miami	i, Florić	la 33131-2	399	
06/16/2004		.L04000045206			
3. Date of filing/registrat	ion in Florida	$\overline{4}$. Document nun	nber	
5. The name of the register Florida Department of		red office ad	dress as shown o	on the record	s of the
	William J. Sp				
	ì	Vame			
	201 S. Biscay	yne Blvd. ddress	, Suite 20	00	
	Miami, Florid	la 33131 tate and Zip			٠
6. The name and address	• ,	•	ice:		
o. The name and address	of the new registered age	int and/or our	,oc. <u>-</u>	ı	
	William J. Sprat	t, Jr.	A	2001 SEC	
	. Na	ıme	Þ	; 7 0 — `	
	200 South Biscay	yne Blvd.	, 20th Fl		- 9
	Florida street address (P.O. Box NO	111		n
•		FL 331		1 ^m U	
	City, Sta	te and Zip	SR SR	ÄÄ S	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement.	hange or changes are mad the registered agent will reby confirmed that the c nited liability company of	le, the Florid be identical. hange(s) was r as otherwise	a street address Or, in the case s/were authorized	lorida; it is hof the registe of a Florida loby an affirm	red office imited native vote
(Signature of a member or author	ized representative of a member)				
Jeffrey Rich, D.O.					
(Printed or typed name of signee)					
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Ragistered Agent)		- .			her agree to f my duties, ided for in ered office is change.
U Divisio	on of Corporations, P.O.	Box 6327, 7	Tallahassee, FL	32314	

INHS18 (8/05)

FILING FEE: \$25.00