

08-08-07 07:46 FROM

T-425 P000002 F-005

L04000085299

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000199392 3)))



H070001993923ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : GREENSPOON MANDER, P.A.
Account Number : I19990000182
Phone : (954)491-1120
Fax Number : (954)267-8013

RECEIVED

07 AUG -8 AM 8:00

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

A.F. BRAVO MEDICAL BUILDING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 AUG -8 AM 11:44

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

08-08-'07 07:46 FROM-

T-425 P002/002 F-555

**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: A.F. BRAVO MEDICAL BUILDING, LLC
2. The mailing address of the limited liability company is : 220 West Tropical Way
Plantation, Florida 33317

November 23, 2004 L04000085299

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:

Alan B. Cohn
Name
2021 Tyler Street
Address
Hollywood, Florida 33020
City, State and Zip

6. The name and address of the new registered agent and/or office:

Alan B. Cohn
Name
100 West Cypress Creek Road, Suite 700
Florida street address (P.O. Box NOT acceptable)
Fort Lauderdale FL 33309
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 member or authorized representative of a member)

Alberto Fernandez-Bravo

(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 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

INHS18 (8/05)

FILED
2007 AUG -8 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA