Florida Department of State

Division of Corporations Public Access System

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: AKERMAN SENTERFITT - TAMPA Account Name

Account Number : I20000000249 : (813)223-7333 Phone

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REGISTERED AGENT CHANGE

JMGR INVESTMENTS, L.L.C.

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T-076 P.002/002 F-186

STATEMENT OF	CHANGE OF REGISTERE!	
	BOTH FOR LIMITED LIAMER A COURT	

Pursuant to the provisions of sections 608.41 Itahility company submits the following statem agent, or both, in the State of Florida.	o or 608.508, Florida Statut. ent in order to change its reg	es, the undersigned limited sistered office or registered
1. The name of the limited liability company is	JMGR Investments, L.L.C.	
2. The mailing address of the limited liability of	ompany is : 1746 South Kings	Avenue, Brandon, FL 33511
02/10/2005	L05000014092	,
3. Date of filing/registration in Florida	4. Document nu	umber
5. The name of the registered agent and the registered agent	istered office address as shown	on the records of the
William Kalish Esq	•	B
	Name	- YLL SEC 2001
401 E. Jackson Stre	et, Suite 1700	
	Address	- ARE AUG
Tampa, FL 33602		-b
City	, State and Zip	mo m
6. The name and address of the new registered	_	FS D
American Information		IO: O: TATE
401 E. Jackson Stre	Namc et, Suite 1700	A -
Florida street addre	ss (P.O. Box NOT acceptable) ,
Tampa	FL 33602	
City,	State and Zip	
If the limited liability company is not organized confirmed that after the change or changes are and the business office of the registered agent which liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agree want of the kimited liability.	made, the Florida street addres will be identical. Or, in the case se change(s) was/were authori	ss of the registered office se of a Florida limited zed by an affirmative vote
(Semplare of a member or authorized representative of a mem	her)	
	••	•
J. Mauricio Giraldo ^p M.D.		
(Printed or typed name of signes)		
I hereby accept the appointment as registered comply with the provisions of all statutes relationed I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability	agent and agree to act in this ve to the proper and complete was of my position as registered of filed to merely reflect a chan lity company has been notified	capacity. I further agree to performance of my duties. d agent as provided for in ge in the registered office tin writing of this change.
(Signature of Registered Agent)	t, Secretary	•

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

INHS18 (8/05)

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