L05000038290

| Brandi Johnson 3638 Lithia Pirecrested Valvico FC 33594 | | |
|---------------------------------------------------------------|--------|--|
| (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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Office Use Only



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d. BRYAN ATIC - 8 2005

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: | Advanced Foot & Ankle Center of Tampa Bay, LI |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. The mailing address of the limited liability con | |
| | Valrico, FL 33594 |
| 4/20/05 | L05000038290 |
| 3. Date of filing/registration in Florida | 4. Document number |
| Florida Department of State: | tered office address as shown on the records of the |
| Brandi M Johnson | |
| 3110 Cherry Palm I | Name Dr., Ste 380 |
| • | Address |
| Tampa, FL 33619 | State and Zip |
| 6. The name and address of the new registered ag | gent and/or office: |
| Brandi M. Johnson, | S |
| 3638 Lithia Pinecres | Vame St Rd. |
| Florida street address | (P.O. Box NOT acceptable) |
| Valrico, FL 33594 | FL |
| City, St | tate and Zip |
| If the limited liability company is not organized use confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the the members of the limited liability company or at the operating agreement of the limited liability company or a strength of the limited liability company or a strength of a member or authorized representative of a member of a membe | ade, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or ompany. |
| Brandi M. Johnson (Printed or typed name of signee) |)PM |
| I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligations. Chapter 608, F.S. Or, if this document is being faddress, I hereby confirm that the limited liability. (Signature of Registered Agent) | gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in iled to merely reflect a change in the registered office y company has been notified in writing of this change. |
| Division of Comparations D | D Day 6227 Tellahassaa FI 22314 |

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

FILING FEE: \$25.00

INHS18(10/99)