Division of Corporations

L05000042992

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : SERGIO A PAGLIERY PA
Account Number : I20050000185
Phone : (305)228-7672
Fax Number : (305)228-7675

REGISTERED AGENT CHANGE

COMPREHENSIVE HEALTH CENTER, LLC

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

RECEIVED
06 NOV -6 AM 8:00
FLORIDA DEPARTMENT OF STATE

FILED
06 NOV -6 PM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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H060002692973

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.414 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: COMPREHENSIVE HEALTH CENTER, LLC

2. The mailing address of the limited liability company is: 671 N.W. 119 STREET.

MIAMI, FLORIDA 33168

MAY 2, 2005 — 3. Date of filing/registration in Florida

L05000042882 — 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:

CORPDIRECT AGENTS, INC.
Name

515 EAST PARK AVENUE
Address

TALLAHASSEE FL 32301
City, State and Zip

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

COMPANY MANAGEMENT SERVICES, LLC
Name

8788 S.W. 8TH STREET
Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33174
City, State and Zip

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TALLAHASSEE, FLORIDA

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 a member or authorized representative of a member)

RUDOLPH MOISE, Manager
(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) COMPANY MANAGEMENT SERVICES, LLC

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

INH318 (8/05)
H060002692973