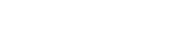
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(Requestor's Name)	_	
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		

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TALLAHASSEE, FLORIE

D. BRUCE

OCT 18 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MOSEL UYOLOGY CENTER, LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
GIACLYS Fernandez Name of Person			
Urology Specialty Group Firm/Company			
2103 coral way, ste. 600			
MIGMIFI 33135 City/State and Zip Code			
9 Fernandez aus and on selection grant address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Gladys Fernade7 at (366) U13 - 2657 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			

INHS18 (5/08)

\$55 Filing Fee & Certified Copy

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.

agein, or com, in the cities of the time.	1		
1. Name of the limited liability company: MCISE	1 Urology Center, LLC		
2. (a) Principal office address of limited liability compar	ny:		
(Note: MUST BE STREET ADDRESS)	2103 COral Way Stells		
Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	ZIOB COMOI WAY, JECK		
3. Date of filing/registration in Florida	1. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Fernandez, Gladys M		
Registered Office Address:	BO MINORCO AVE		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	Registered Office address: FEMANDEZ GLODYS M Z108 COTOL Way STE GOO FL8318 (
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of anthorized representative of a member. Printed or typed name of signee. I hereby accept the appointment as registered agent and comply with the provisions of all statutes reactive to the provisions of all statutes are reactive to the provisions of the provi	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, FLS. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compa	roper and complete performance of my duties, position as registered agent as provided for in perely reflect a change in the registered office my has been notified in writing of this change.		

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

Signature of Registered Agent V