

Division of Corporations

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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 OF ORLANDO, LLC

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

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DIVISION OF CORPORATIONS

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

Pursuant to the provisions of sections 608.415 or 608.503, 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 OF ORLANDO, LLC
2. The mailing address of the limited liability company is: 1011 WEST OAKRIDGE ROAD
ORLANDO, FLORIDA 32809

JANUARY 12, 2008

L06000004956

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:

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

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 person)

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 relating 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. On this document is being filed to hereby 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

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