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Division of Corporations

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From:

Account Name : PARANET CORPORATION SERVICES, INC

Account Number : I20090000069 Phone

: (800)277-9977

Fax Number

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**EXAMINER** 

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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 608.416 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.

(Note: MUST BE STREET ADDRESS)  Brentwood, TN 37027  (b) Malling address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   1.07000027905  3. Date of filing/registration in Florida 4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  Bryan Bauman  Coral Springs, FL 33065  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  NEW Registered Office Address:  NEW Registered Office Address:  NEW Registered Office Address:  Tallahassee  FL 32301  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 Floridal imited liability company, it is hereby confirmed that the change of 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 operation agreement of the limited liability company.  Signakovia any more of signee  Doug Las B. Chappe 11  Frinted or typed name of signee	1. Name of the limited liability company: Renal Ca	rePartners at Memorial West, LLC
(b) Malling address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  03/14/2007  3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Side: Registered Agent:  Registered Office Address:  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  Sis East Park Avenue  Tallahassae  FL 32301  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.  Signakuyata any meter or guildrized representative of a mamber  Doug Las B. Chappell  Frinted or typed name of signee	2. (a) Principal office address of limited liability compan	y: 320 Seven Springs Way, Suite 220
O3/14/2007  3. Date of filing/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Site:  Registered Agent:  Registered Office Address:  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  Tallahassee  FL 32301  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 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 lamited liability company.  Signature of a number or Agulforized representative of a mamber  Doug Las B. Chappe 11  Frinted or typed name of signee	(Note: MUST BE STREET ADDRESS)	Brentwood, TN 37027
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Signaluro a member of Mey Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  11820 NW 37th Street  Coral Springs, FL 33065  NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  NEW Registered Office Address:  MUST BE FLORIDA STREET ADDRESS)  Tallahassee  FL 32301  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.  Signaluro a member of support and the presentative of a member  Doug Las B. Chappe 11  Frinted or typed name of signee	03/14/2007	L07000027905
Registered Office Address:  Registered Office Address:  11820 NW 37th Street  Coral Springs, FL 33065  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  NEW Registered Office Address:  NEW Registered Office Address:  NEW Registered Office Address:  MUST BE FLORIDA STREET ADDRESS)  Tallahassee  FL 32301  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.  Signaluph a marker or authorized representative of a mamber  Doug Las B. Chappe 11  Printed or typed name of signes	3. Date of filing/registration in Florida	4. Document number
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Registered Office Address:  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  Tallahassee  FL32301  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.  Signal pool a manther or authorized representative of a member  Doug Las B. Chappel11  Printed or typed name of signes	Rogistered Agent:	Bryan Bauman
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address; (MUST BE FLORIDA STREET ADDRESS)  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.  Signalurable amember or authorized representative of a mamber  Doug Las B. Chappell  Printed or typed name of signes	Registered Office Address:	Corel Springs, FL 33065
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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 operation agreement of the limited liability company.  Signafuno f a member or authorized representative of a member  Doug Las B. Chappe 11  Printed or typed name of signes	NEW Registered Office Address; (MUST BE FLORIDA STREET ADDRESS)	
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Douglas B. Chappell Printed or typed name of signes	confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orlda street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Printed or typed name of signed	Signature of a member or authorized representative of a member	
		•
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 inerely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  NRAI Services, Inc.  Signature of Registered Agenty Grandolyna Abscerva Special Assistant Francisco	I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the program of any familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company NRAI Services, Inc.	الاي (H12000087737 3)
Division of Corporations, P.O. Box 6327, Tallahassee, PL 32314	b owenedly n westews, phecial	

FILING FEE: \$25.00

INFISTS (05/08)

by: