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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
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Special Instructions to Filing Officer:					
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Office Use Only



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01/30/17--01028--009 **25.00

SECRETARS OF STATE OF TALL AND SECRETARS SEE. FLOWING

JAN 31 2017 S. YOUNG



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 26, 2017

Order#: 463320/271

Re: LAKEWOOD RANCH NEUROLOGY, L.L.C.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

SECRETARY OF STATE
TALLATIASSET FLORID
TALLATIASSET FLORID

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: LAKEWOOD RA	NCH N	EUROLOG	Y, L.L.C.
2	(a)	8330 Lakewood Ranch Boulevard	(b	UHS O	f Delaware, Inc.
۷.	(u)	Principal office address of limited liability company:	_ (0.	,	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
				367 S. G.	ulph Road
				307 3. 0	uipii Noad
		Bradenton FL 34202		King of P	russia, PA 19406
		01/23/2008		L0800000	08603
3.		Date of filing/registration in Florida	4.		Document number
		• •			
5.	(a)	C T Corporation System			
		Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	:
		1200 South Pine Island Road			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
					7 53
					JAN 30
		Plantation ,FL	33324		2 5,35
					·no-
	(b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office				P
					2 ST
		1201 Hays Street			
		NEW Registered Office Address:			•
		Tallahassee , FL	32301		
the ag	cha ent w	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of	the regis bility co	tered office mpany, it is	e and the business office of the registered is hereby confirmed that the change(s)
		cles of organization or the operating agreement of the I			
		Xel E. Whee	Jill C	ilmi, Autho	rized Person
_:	Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to	ovisie e obli mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to act performa I for in C ereby co	in this cape ince of my c hapter 605 infirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
		nace 2-Kinby			
Si	gnatui	re of Registered Agent Corporation Service Company	BY: G	ace E. Kir	by, Asst. Vice President