

**Florida Department of State**  
**Division of Corporations**  
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From:

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Account Number : 120050000053  
Phone : (216)621-0150  
Fax Number : (216)241-2824

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**LLC REGISTERED AGENT CHANGE**  
**PHYSICIANS WEIGHTLOSS CLINIC OF CAPE CORAL, LLC**

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 DIVISION OF STATE  
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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 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. Name of the limited liability company: Physicians Weightless Clinic of Cape Coral, LLC
2. (a) 4202 Del Prado Blvd. S.  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Cape Coral, FL 33904
- (b) 4202 Del Prado Blvd. S.  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Cape Coral, FL 33904
3. 4/7/2008  
Date of filing/registration in Florida
4. 1.08000034866  
Document number
5. (a) T.A. Taylor Enterprises, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
4202 Del Prado Blvd. S.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Cape Coral FL 33904
- (b) HL Statutory Agent, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
5811 Pelican Bay Blvd.  
NEW Registered Office Address:  
Suite 650  
Naples FL 34108

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]  
Signature of a member or authorized representative of a member

Terese A. Taylor, M.D.

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 605, 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.

By [Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

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FLORIDA

**Florida Department of State**  
**Division of Corporations**  
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**To:**

Division of Corporations  
 Fax Number : (850)617-6383

**From:**

Account Name : HAHN LOESER + PARKS LLP  
 Account Number : I20050000053  
 Phone : (216)621-0150  
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**LLC REGISTERED AGENT CHANGE**  
**ADVANCED INTEGRATIVE MEDICINE, LLC**

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Page Count	01
Estimated Charge	\$25.00

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T. LEMIEUX  
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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 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. Name of the limited liability company: Advanced Integrative Medicine, LLC
2. (a) 4202 Del Prado Blvd. S.  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Cape Coral, FL 33094
- (b) 4202 Del Prado Blvd. S.  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Cape Coral, FL 33094
3. 2/28/2018  
Date of filing/registration in Florida
4. L18000053932  
Document number
5. (a) Terese A. Taylor, M.D.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
4202 Del Prado Blvd. S.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Cape Coral, FL 33904
- (b) III. Statutory Agent, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
5911 Pelican Bay Blvd.  
NEW Registered Office Address:  
Suite 650  
Naples, FL 34108

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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.

M  
Signature of a member or authorized representative of a member

Terese A. Taylor, M.D.

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 605, 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.

By: Gailly John  
Signature of Registered Agent

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