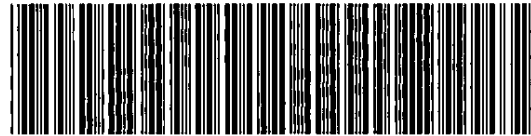


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(Requestor's Name)

(Address)

(Address)

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D. BRUCE

AUG 12 2010

EXAMINER

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HEALTH MANAGEMENT MEDICAL GROUP, LLC  
(Name of Limited Liability Company)

The enclosed Registered Agent / Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Stephen McCullough  
(Contact Person)

Affordable Professional Services  
(Firm/Company)

2702 A West Oakland Park Boulevard  
(Address)

Fort Lauderdale, FL 33311  
(City/State and Zip Code)

affpara@bellsouth.net  
( e mail address )

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Steve McCullough at ( 954 ) 565-9929  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of  
State for: \$25 Filing Fee

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

**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 organized under the laws of the State of Florida 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:  
Health Management Medical group, LLC
2. The mailing address and street address of the principal office of the Limited Liability Company follow:  

the street address is	the mailing address is
7800 North University Drive	7800 North University Drive
Suites 101 - 102	Suites 101 - 102
Tamarac, FL 33321	Tamarac, FL 33321
3. Date of organization / qualification: February 27, 2009      Document No: L0900000589
4. The name and address of the current registered agent and office:  
Dr. Jermaine Bowen  
7800 North University Drive, Suites 101 - 102  
Tamarac, Florida 33321
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
Stephen D. McCullough, CLA  
2702 A West Oakland Park Boulevard  
Fort Lauderdale, FL 33311

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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 .

Stephen D. McCullough  
(Signature of a Member or Authorized Representative of a Member)

August 6, 2010  
(Date)

Stephen D. McCullough, Authorized Representative  
(Printed or typed name and title)

*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.*

Stephen D. McCullough  
(Signature of Registered Agent)

August 6, 2010  
(Date)

\*\*\* FILING FEE: \$25.00 \*\*\*