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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: September 30, 2014

Order#: 318603/061

Re: SOUTH FLORIDA MEDICINE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Lindsey Lockard

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

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.

2. (a) 3343 State Road 7 Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) Wellington, FL 33449 05/13/2009 Date of filting/registration in Florida 4. Document number 5. (a) Rajiv Patel Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 3343 State Road 7 Registered Office Address Wellington FL 33449 (b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address: 1201 Hays Street 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 confirm the change or changes are made, the Florida street address of the registered office and the business office agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that twas/were authorized by an affirmative vote of the members of the limited liability company or as otherwist the articles for graphical proportion or the operating agreement of the limited liability company or as otherwist the articles for graphical proportion or the operating agreement of the limited liability company. Signature of Phember or authorized representative of a member of the initial company. Signature of Phember or authorized representative of a member of the proportions of all stantates relative to the proper and complete performance of my duties, and the minited liability company in the registered agent as provided for in Chapter 605, F.S. Or, If his document of the proper and complete performance of my duties, and the minited liability company in the registered office address, Interpote confirm that the limited liability company is the registered office address. Interpote confirm that the limited liability company is the registered office address. Interpote confirm that the limited liability company is the registered office address.	1. N	ame of the limited liability company: SOUTH FLORI	DA MEDICINE	, LLC	
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