L09000101989

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

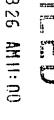


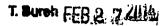


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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: February 24, 2014

Order#: 010222/205

Re: HERNANDO HMA ANCILLARY, 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, 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: HERNANDO	HMA ANCILLARY, LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any: 5811 PELICAN BAY BOU	JLEVARD
(Note: MOST BE STREET ADDRESS)	NAPLES	FL 34108
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		14 FEI
		XX 2 process
10/21/2009	L09000101989	SSE of
3. Date of filing/registration in Florida	4. Document number	er er
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dep Stage:
Registered Agent:	C T CORPORATION SYS	STEM ^{>}
Registered Office Address:	1200 SOUTH PINE ISLA	ND ROAD
	PLANTATION	FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u> <u>NEW</u> Registered Agent:	CORPORATION SERVICE	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 HAYS STREET	
1.100. 20. 1.00.	TALLAHASSEE	,FL_32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be included its liability company, it is hereby confirmed that the changes the members of the limited liability company or as other the operating agreement of the limited liability company.	e Florida street address of th	e registered office
Signature of a member or authorized representative of a member		
Dona Priebe, Authorized Person		
Printed or typed name of signee		- 0
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 605, F.S. Or, if this document is being filed to address, thereby confirm that the limited liability comp By:	nd agree to act in this capaci e proper and complete perfor o position as registered agen merely reflect a change in to pany has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.
Signature of Registered Agent Corporation Service Compan	y Grace E. Kirby, Asst. V	ice President