

L09000104505

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.  
Account Number : 110432003053  
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LLC REGISTERED AGENT CHANGE  
PREMIER ORTHOPEDIC AND NEUROSURGICAL GROUP,  
LLC

Certificate of Status	0
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Page Count	02
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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: Premier Orthopedic & Neurosurgical Group, LLC

2. (a) 150 SW 12TH AVE. (b) PO BOX 50010

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

SUITE 440

POMPANO BEACH, FL 33069

LIGHTHOUSE POINT, FL 33074

10/29/2009

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3. Date of filing/registration in Florida

4. Document number

5. (a) PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

325 SW 14TH AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

#3

POMPANO BEACH, FL 33069

(b) Corporate Creations Network Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

11380 Prosperity Farms Road #221E

NEW Registered Office Address:

Palm Beach Gardens, FL 33410

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 of a member or authorized representative of a member

Caitlin Lazarus, Attorney-in-Fact

Printed or typed name of signee

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.

Signature of Registered Agent

Caitlin Lazarus, Special Secretary

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

FILING FEE: \$25.00

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