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Division of Corporations

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From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

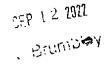
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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

(a)		(1	o)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/26/10		L1000	0009298
	Date of filing/registration in Florida	4.		Document number
(a)	PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, LLC			
(b) <u>.</u>	Registered Agent and Registered Office shown on the records of	te:		
	150 SW 12TH AVENUE			_
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	SUITE 440			_
	OMPANO BEACH FL 33069			_
	Northwest Registered Agent LLC			2022 SEP SECRETALLARA
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	7901 4th St N			P-8
	NEW Registered Office Address:			A 000
	STE 300			AM II: 02 AM II: 02 JELOGERA
	St. Petersburg . FL 33702		20 20	

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.

are underestor or gammanour of the operating agreement of the			
Morgan Pother	Morgan Noble		
Signature of a member or authorized representative of a member	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 ed in veriting of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent