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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

OCT 1 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: USG HOLYWOOD RT CENTER, LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
<u>Elladys Fernandez</u> Name of Person			
Urology Specialty Group, LLC Firm/Company			
2103 COYCI WAY STE 600			
MIAMI, FI 33145 City/State and Zip Code			
GFCYNGNOTEZ @ USG Md. COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Gladys Fernandez at (306) U13 2857 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:			
\$25 Filing Fee \$\ \tag{\$55 Filing Fee & Certified Copy}			

INHS18 (5/08)

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 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: USC Ho	ollywood RT Center, UC
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	21030191 way, ste. 600
Mailing address of limited liability company:	·
(Note: MAY BE POST OFFICE BOX)	2103 COrol Way, ste. 600
O2/26/2010 3. Date of filing/registration in Florida	100002347(<i>o</i> 4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	SMITH, JOSE É
Registered Office Address:	132 MINORCA AVE Corgl Gables, FI
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: Feynandez, 610dys M
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2103 COral Way Suite 600 Mami FL 33145
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 idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member. Printed or typed name of signee	Florida street address of the registered of the ntical. Or, in the case of a Florida limited is) was/were authorized by an affirmative cote erwise provided in the articles of organization by.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited hability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent