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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJECT: 1st Medical, LLC				
	Name of	Limited I	Liability Company	
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office Ch	Change and fee(s) are submitted for fili	ing.
Please	e return all correspondence concerning	g this mat	atter to the following:	
	Abel Ramos			
	Name of Person			
	Firm/Company			
	6601 SW 80th St Suite:200	DA		
	South Miami, Fl 33143 City/State and Zip Code			
E	aramos101@gmail.com -mail address: (to be used for future annual report	notification)	n) .	
For fi	orther information concerning this man	tter, pleas	se call:	
	Abel Ramos	at (818) 554-4456	
	Name of Person		Area Code & Daytime Telephone Number	r
	STREET/COURIER ADDRESS:		MAILING ADDRESS:	
	Registration Section		Registration Section	
	Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle		Tallahassee, Florida 32314	
	Tallahassee, Florida 32301			
	Enclosed is a check for the following	ing amou	unt:	
	\$25 Filing Fee	Ţ,	\$55 Filing Fee & Certified Copy	

'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:	1st Medical, LLC
2. (a) Principal office address of limited liability company	6601 SW 80th St. Suite:200A
(Note: MUST BE STREET ADDRESS)	South Miami, FL 33143
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	6601 SW 80th St. Suite:200A South Miami, FL 33143
05/12/2010	L10000051325
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Abel Ramos
Registered Office Address:	6601 SW 80th St Suite 200A South Miami, FL 33143
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	6601 sw 80th st suite200a
(MUST BE FLORIDA STREET ADDRESS)	South Miami ,FL33143
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	-
Abel Ramos, D.O. Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office 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