L10000078350

(Requestor's Name)				
(Address)				
(Address)				
(in a second				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500256965895

02/25/14--01013--020 **25.00

FEB 2 6 2013 T. HAMPTON



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 21, 2014

Order#: 014216/074

Re: ROCKLEDGE HMA MEDICAL GROUP, 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. Na	Name of the limited liability company: ROCKLEDGE HMA MEDICAL GROUP, LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	5811 PELICAN BAY BOULEVARD SUITE 500		
		NAPLES	FL 34108	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5811 PELICAN BAY BOULEVARD SUITE 500, ATTN: LEGAL DEPT NAPLES, FL 34108		
07/26	7/2010	L10000078350		
3. Da	ate of filing/registration in Florida	4. Document number		
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Agent:	C T CORPORATION SYSTEM		
	Registered Office Address:	1200 SOUTH PINE ISLAND ROAD		
		PLANTATION	FL 33324	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :	V Registered Office addre		
		1201 HAYS STREET		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		TALLAHASSEE		
confinand the inthe or	limited liability company is not organized under the I rmed that after the change or changes are made, the Flane business office of the registered agent will be identity company, it is hereby confirmed that the change(s) tembers of the limited liability company or as otherwise perating agreement of the limited liability company. The of a member or authorized representative of a member Priebe, Authorized Person	orida street address of the recal. Or, in the case of a Plewas/were authorized by an appear of the provided in the articles of the provided in	it is hereby egistered office office of the control	
Printed or typed name of signee		-		
comp and I Chap addre By:	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the provisions of all statutes relative to the provision am familiar with and accept the obligations of my poster 605, F.S. Or, if this document is being filed to means thereby confirm that the limited liability company	gree to act in this capacity. Sper and complete performa sper and complete performa sition as registered agent a rely reflect a change in the s has been notified in writin	I further agree to ince of my duties, so provided for in registered office g of this change.	
Signat	ure of Registered Agent Corporation Service Company	Grace E. Kirby, Asst. Vice	President	