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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 9, 2010

BEK TALIPOV TAXPROS ACCOUNTING INC. 4547 EDGEWATER DR ORLANDO, FL 32804

SUBJECT: CITY LIGHTS MEDICAL CENTER LLC Ref. Number: L10000079954

We have received your document for CITY LIGHTS MEDICAL CENTER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 610A00026325

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

www.sunbiz.org

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	O DRGANIZATION
	DF
City Lights Med	ical Center LLC
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on07/30/2010 and assigned
Florida document number L10000079954	
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u>	bility company here:
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2101 Park Center Dr, Suite 190
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32835
Enter new mailing address, if applicable:	2101 Park Center Dr, Suite 190
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32835
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	

New Registered Office Address:					<u>سم</u>	
		Enter Flori	ida street a	ddress	EC	¥.]
			, Florida _	500 100	-2	92790400 22790400 2
	City		 ,	Ç⊂Zip	Code	£13
New Registered Agent's Signature, if changing Registered Agent:				STA	N.	3
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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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed fronti our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
			Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Rcmove
			Add Rcmove
		er change(s) here: (Attach additional sheets, if necessary.) nailing address of the entity. The new physical	
		mpany is 2101 Park Center dr, Suite 190	
Dated	November 1st	_2010	
	Signature of a	Member or authorized representative of a membor KUSYAKOV, SERGEY Typed or printed name of signee	
	\smile	Page 2 of 2	
	·	Filing Fee: \$25.00	