

To: -18506176383

Division of Corporations

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(954)2080845

From: Renee McGraw

Florida Department of State
Division of Corporations
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OAK PHYSICIAN GROUP, LLC

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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 Florida.

1. Name of the limited liability company: Oak Physician Group, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

505 West Oak Street, Suite 102

Kissimmee, FL 34741

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

505 West Oak Street, Suite 102

Kissimmee, FL 34741

11/30/2010

L10000123245

3. Date of filing/registration in Florida

4. Document number

5. (a) Michael J Sortino

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

121 South Orange Ave. Ste 940

Orlando, FL 32801

C T Corporation System

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.

Leslie Prizant

Signature of a member or authorized representative of a member

Leslie Prizant

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 notified in writing of this change.

By: C T Corporation System

Signature of Registered Agent

Sandra Zwiack

Sandra Zwiack, Asst. Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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