## L110000048751

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	<b>⇒</b> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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FEB 2 6 2014

T. BROWN



CSC - WILMING ON
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#: 014216/046

Re: OSLER 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. Name of the limited liability company: OSLER HMA M	EDICAL GROUP, LLC		
2. (a) Principal office address of limited liability compan	v. 5811 PELICAN BAY BO	DULEVARD	
(Note: MUST BE STREET ADDRESS)	SUITE 500	· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	NAPLES	FL 34108	
(b) Mailing address of limited liability commany	5811 PELICAN BAY BO	DULEVARD	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SUITE 500, ATTN: LEG		
(Mote. WAT BETOST OF FICE BOA)	NAPLES, FL 34108	20 7 1	
04/25/2011	L11000048751	E BIF	
3. Date of filing/registration in Florida	4. Document number	P T	
5. (a) Registered Agent and Registered Office shown on	the records of the Florid	la Dept. of State ?	
Registered Agent:	C T CORPORATION S	YSTEM 92 5	
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	CORPORATION SERVICE COMPANY		
NEW Registered Office Address:	1201 HAYS STREET		
(MUST BE FLORIDA STREET ADDRESS)	TALLAHASSEE	,FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	lorida street address of t tical. Or, in the case of a ) was/were authorized by	he registered office a Florida limited y an affirmative vote of	
Signature of a member or authorized representative of a member	_		
Dona Priebe, Authorized Person			
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 prand I am familiar with and accept the obligations of my package of the confirm that the limited liability company By:	ngree to act in this capac oper and complete perfo osition as registered age erely reflect a change in y has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.	
Signature of Registered Agent Corporation Service Company	Grace E. Kirby, Asst. V	Vice President	

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