

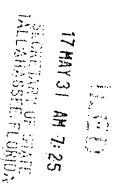
(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



800299463008

05/31/17--01030--003 **25.00





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: May 26, 2017

Order#: 635632/031

Re: CLEARWATER PAIN MANAGEMENT ASSOCIATES DIVISION, 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:Tecora Bell 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 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.	Na	me of the limited liability company: _CLEARWATER PA	AIN MAN	AGEMENT A	ASSOCIATES DIVISION, LLC
2.	(a)	7700 West Sunrise Boulevard Mailstop PL-6	_ (b))	
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Plantation FL 33322	- -		
		05/26/2011	_	L1100006	2330
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	MARCUS JILLIAN			
	()	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	:
		7700 WEST SUNRISE BOULEVARD			Seco
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					E8 7
				,	
		Plantation , FL_	33322		731 A
	(b)	Corporation Service Company			
	(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	7:25 STATE LORIDA
		1201 Hays Street			
		NEW Registered Office Address:		, , , , ,	
		Tallahassee FL	32301		
		, FL_	32301		
the age wa	char ent w s/we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liable reauthorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	he regist pility cor the limi	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Jel C. While	Jill C		ized Person
	_	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to t	ovisio obli nere ified	y decept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he is miriting of this change.	e to act t performa for in Ci preby coi	n this capa nce of my d hapter 605, ifirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Sig			BY: Gr	ace E. Kirl	by, Asst. Vice President