

DOCUMENT# L11000108724

Entity Name: HOMESTEAD MEDICAL PLAZA, LLC

New Principal Place of Business:

Current Mailing Address:**New Mailing Address:**

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: URLICH FOX, SYLVIA TRUSTEE
Address: 2500 SW 75TH AVE
City-St-Zip: MIAMI, FL 33155 US

Title: MGR
Name: KIRBY, JOHN
Address: 2500 SW 75TH AVE
City-St-Zip: MIAMI, FL 33155 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN KIRBY

MGR

02/29/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date