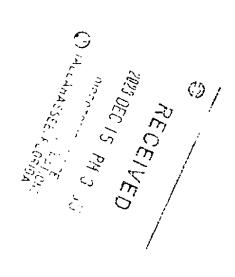
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(R	equestor's Name)	
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PICK-UP	TIAW	MAJL
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	
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Office Use Only



800420373018



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE : 170093 8183052

AUTHORIZATION : X and A B

COST LIMIT : C\$\25.00

ORDER DATE: December 5, 2023

ORDER TIME : 11:55 AM

ORDER NO. : 170093-155

CUSTOMER NO: 8183052

CHANGE OF AGENT

NAME: ORLANDO OB-GYN, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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.

I. Na	ame of the limited liability company: ORLANDO OB-	GYN,			
2. (a)	1501 YAMATO ROAD, SUITE 200 W		(b)	4010 W. I	Boy Scout Blvd, Suite 500
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` '		dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOCA RATON, FL 33431	_		Tampa, F	L 33607
	40,00,0044			44000444	
_	12/28/2011		_	11000144	
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	Registered 'Agent and Registered Office shown on the records of t	the Flö	rida I	Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRI	ESS)		
	FL				
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	addı	ress:	
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee, FL_	3230	1		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility f the l	ered com imit	office and pany, it is ed liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	/s/ Jill Cilmi	J	ill Ci	lmi, Author	rized Person
Signa	ture of a member or authorized representative of a member				Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agra ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	ee to c perfor l for in ereby	ict in man n Ch con	this capa ce of my a apter 605, firm 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

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

Grace E. Kirby, Asst. Vice President

Signature of Registered Agent