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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Transmed of South Brown Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carlos H. Arce, P.A.
,
Lubell & Rosen Firm/Company
200 South Andrews Ave. Suite 900
Address
Ft. Lauderdale, FL 33301 City/State and Zip Code
Kerry @ pcpholly wood. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kerry McElligott at (754) 209-1129 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\sime\$ \$55 Filing Fee & Certified Copy
INHS18 (2/14)

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: Transmed of South Broward LLC	=_
2. (a)	<u>.</u>
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
6517 Taff Sheet Ste 107 6517 Taff Sheet St	ill
Holly words. FL 33024 Holly, AND EL 33021	7
11/15 /2011/	_
4117 6014 612 000011315	_
3. Date of filing/registration in Florida 4. Document number 5. (a) Flanniaan + Manio 4. Da	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
2566 FOREST MILLIANCE	
West alm Beach Fiz 340%	
(b) Carlos H. Arce, DA	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
Luboll + Kasein	
NEW Registered Office Address: 200 S Andrews Ave Ste 900	
200 S. andrews the Ste 900	
Fort Landerdale 13330/	
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 register agent will be identical. Or in the case of a Florida limited liability company, it is hereby confirmed that the change(s)	ed
was/were authorized by an affifractive vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company.	
Moises 1539	
Signature dia member of authorized representative of a member 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 accepted obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in difficulty the reflect of the confirmance.	e pt
to merely reflect a change in the registered office address, I hereby confirm that the limited Itability company has been notified in writing of this change.	
Signature of Registered Agent	