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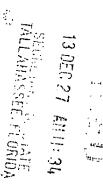
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Lakeland Amputation Prevention, L.L.C.

Name of Limited Liability Company

Dear Sir or Madam:

of the Maria

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert E. Puterbaugh

Name of Person

Peterson & Myers, P.A.

Firm/Company

225 E. Lemon Street, Ste. 300

Address

Lakeland, Florida 33801

City/State and Zip Code

rputerbaugh@petersonmyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert E. Puterbaugh

_{4.7}863

683-6511

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

□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: Lakeland Amputation Pr	evention, L.L.C.	
A () B ! ! ! OO ! !! O!! !! !!!!		
2. (a) Principal office address of limited liability company		-
(Note: MUST BE STREET ADDRESS)	Lakeland, Florida 33805	
(b) Mailing address of limited liability company:	2120 Lakeland Hills Boulevard	
(Note: MAY BE POST OFFICE BOX)	Lakeland, Florida 33805	
04/11/2012	L12000049921	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida	Dept. of State:
Registered Agent:	Jonn D. Hoppe	
Registered Office Address:	225 E. Lemon Street	
Transferred Office Plantess.	Suite 300	
	Lakeland, Florida 33801	
NEW Registered Agent: NEW Registered Office Address:	Robert E. Puterbaugh 225 E. Lemon Street	
(MUST BE FLORIDA STREET ADDRESS)	Suite 300	
MUST DE LEURIDA STREET ADDRESS	Lakeland	.FL 33801
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 ident liability 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. Signature of a member or authorized representative of a member Education Goodewate Company 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-lam familiar with and accept the obligations of my possible of the provisions of the company of the provisions of the printed liability company of the provision of the limited liability company of the limited liability company of the provision of the limited liability of the provision of the limited liability of the provision of the limited liability of the liability of the limited lia	lorida street address of the case of a cical. Or, in the case of a was/were authorized by se provided in the articles	registered office Florida limited an affirmative vote of s of organization or
Signature of Registered Agent		
Division of Corpor ntions, P.O. Box 63 FNLING FEE: \$		314