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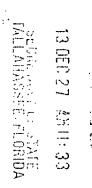
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

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

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:

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

...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.

agent, or both, in the state of Fiorial.		
1. Name of the limited liability company: Lakeland Amputate	on Prevention Center, L.L.C.	
2 (a) Driveing office address of limited lightlifts comm	owers 2120 Lakeland Hills Rouleyard	
 (a) Principal office address of limited liability comparing (<u>Note: MUST BE STREET ADDRESS</u>) 	Lakeland, Florida 33805	
(HOLE: MUST BE STREET ADDRESS)	Editolatid, Florida 00000	
(b) Mailing address of limited liability company:	2120 Lakeland Hills Boulevard	
(Note: MAY BE POST OFFICE BOX)	Lakeland, Florida 33805	
0.444.0040	1.400000.40000	
04/11/2012	L12000049922	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Flori	da Dept. of State:
Registered Agent:	Jonn D. Hoppe	
Registered Office Address:	225 E. Lemon Street	
Registered Office Address.	Suite 300	
	Lakeland, Florida 33801	
NEW Registered Agent:	Robert E. Puterbaugh	
NEW Registered Office Address:	225 E. Lemon Street	
(MUST BE FLORIDA STREET ADDRESS)	Sulte 300	
	Lakeland	,FL_33801
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Clwa J. Goodewote, CEO Printed or typed name of signee	e Florida street address of lentical. Or, in the case of e(s) was/were authorized b rwise provided in the artic	the registered office f a Florida limited by an-affirmative vote of
Printed or typed name of signee		52 = 1
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this accument is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	d agree to act in this cape proper and complete per position as registered ag merely reflect a change in pany has been notified in v	acity. I further agree to formance of my duties, rent as provided for in the registered office writing of this change.
Division of Corporations, P.O. Box FILING FEE		32314

INHS18 (05/08)