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Florida Department of State
Division of Corporations
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**LLC REGISTERED AGENT CHANGE
ADVANCED INTEGRATED CARE ORGANIZATION,
LLC**

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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: ADVANCED INTEGRATED CARE ORGANIZATION, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
3655 INNOVATION DRIVE
LAKELAND, FLORIDA 33812
10/31/2012

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
P. O. BOX 1089
HIGHLAND CITY, FLORIDA 33848
L12000138513

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

R. DAVID EVANS (Resigned)
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
225 E. LEMON STREET, SUITE 300
LAKELAND FL 33801

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

DAVID A. MILLER
NEW Registered Office Address:
225 E. LEMON STREET, SUITE 300
LAKELAND FL 33801

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 registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Samir Almaguer - Principal
Signature of a member or authorized representative of a member

Samir Almaguer - Principal
Printed or typed name of signer

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 accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Samir Almaguer
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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