

8/28/2013 10:01:20 From: (850)6176383

Division of Corporations

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LLC REGISTERED AGENT CHANGE
UHS LITHOTRIPTY SOLUTIONS OF SOUTH FLORIDA, LLC

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J. BRYAN

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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 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: UHS Lithotripsy Solutions of South Florida, LLC
2. (a) Principal office address of limited liability company: 3953 SW Bruner Terrace
 (Note: MUST BE STREET ADDRESS) Palm City, FL 34990
- (b) Mailing address of limited liability company: 6625 West 78th St. Suite 300
 (Note: MAY BE POST OFFICE BOX) Minneapolis, MN 55439
- 07/03/2013 L13000095506
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:

Registered Agent:	<u>Michael Philpovich</u>
Registered Office Address:	<u>3953 SW Bruner Terrace</u> <u>Palm City, FL 34990</u>
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:	<u>NRAI Services, Inc.</u>
NEW Registered Office Address:	<u>1200 South Pine Island Road</u>
(<u>MUST BE FLORIDA STREET ADDRESS</u>)	<u>Plantation, FL 33324</u>

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.

Michael Philpovich
 Signature of a member or authorized representative of a member

Michael Philpovich
 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 accept the obligations of my position as registered agent as provided for in Chapter 608, 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.

By: NRAI Services, Inc.
 Signature of Registered Agent Kathleen C. Gentry, asst sec

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

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