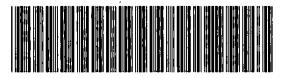
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COVER LETTER

то:	Registration Section Division of Corporations					
SUBJ						
	Nan	ne of Limited Liab	oility Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fo	llowing:			
Jame	es W Corbett					
	Name of Person		-			
Corb	ett Family Medical Center, PLC					
	Firm/Company	washin marani Araba Abab Madalan Marani Abab Madalan Marani Abab Madalan Marani Abab Madalan Marani Marani Abab	TALL			
7503	Sika Deer Way					
	Address		ing in Same and Same in			
Fort I	Myers, FL 33966					
	City/State and Zip Code					
jamie	@corbettfamilymc.com					
E	E-mail address: (to be used for future ann	ual report notifica	ation)			
For fu	rther information concerning this matter,	please call:				
Jame	s W Corbett	239	898-2118			
	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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	■ \$25 Filing Fee	□ \$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. N	ame of the limited liability company: Corbett Fami	ly Med	lical	al Center, PLC		
2. (a)	7503 Sika Deer Way		(b) 7503 Sika Deer Way			
L. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Fort Myers, FL 33966		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
			F	Fort Myers, FL 33966		
	10/15/13		_ L1			
3.	Date of filing/registration in Florida	_ 4.		Document number		
5. (a)	United States Corporation Agents, Inc.					
). (a)	Registered Agent and Registered Office shown on the records of	Dept. of State:				
	13302 Winding Oaks Court					
	Registered Office Address (MUST BE FLORIDA STREET					
	Suite A					
	Tampa , FI	3361	33612 PEG 7			
(b)	James W Corbett			ress:		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress:		
	4991 Royal Gulf Circle					
	NEW Registered Office Address:		•	—————————————————————————————————————		
	Fort Myers	3396	6			
	, , , , , , , , , , , , , , , , , , , ,					
he cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members ieles of organization or the operating agreement of the	f the regiability of the li	gister comp mite I liab	tered office and the business office of the register mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided it		
Sign	fre of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob to mer	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide the proflect a change in the registered office address, I all myriting of this change.	ree to a e perfor ed for in hereby	ct in mand Cho conf	in this capacity. I further agree to comply with ince of my duties, and I am familiar with and acc hapter 605, F.S. Or, if this document is being fi nfirm that the limited liability company has been		
	7///\					