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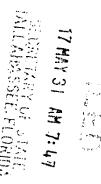
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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: May 26, 2017

Order#: 635632/044

Re: EMERGENCY PHYSICIAN SOLUTIONS OF SOUTH FLORIDA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

(a) 7700 West Surrise Boulevard Mailstop PL-6 Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) Plantation, FL 33322 12/20/2013 Date of filing/registration in Plorida (a) MARCUS JILLIAN Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1613 N. HARRISON PARKWAY SUITE 200 Registered Office Address MINST BE FLORIDA STREET ADDRESS SUNRISE FL 33323 (b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address: 1201 Hays Street NEW Registered Office Address: Tallahassee FL 32301 the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after e change or changes are made, the Florida street address of the registered office and the business office of the registerent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ask/were@throized by an affirmative vote of the members of the limited liability company or as otherwise provided in e article of organization or the operating agreement of the limited liability company or as otherwise provided in earliel of organization or the operating agreement of the limited liability company or as otherwise provided in earliel of organization or segistered agent and agree to act in this capacity. I further agree to comply with the obisions of all stanties relative to the proper and complete performance of my duties, and a miniture with and acce obligations of my position as registered agent complete performance of my duties, and a miniture with and acce obligations of my position as registered agent complete performance of my duties, and a miniture with and acce obligations of my position as registered agent complete performance of my duties, and a miniture with and acce obligations of my position as registered agent complete performance of my duties, and I my find document is hen fifty. BY: Grace E. Kirby, Asst. Vice President		me of the limited liability company: EMERGENCY PH			NS OF SOUTH FLORIDA, LLC
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