Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE FLORIDA POST ACUTE CARE CLINICIANS, 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. No	nme of the limited liability company: Florida Post Acu	C Can			
2. (a)	3601 SW 160th Avenue	_	(b)	3601 SW	160th Avenue
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 250			Suite 250	
	Miramar, FL 33027			Miramar,	FL 33027
	9/9/2014		ı	.14000141	114
3. 5. (a)	Date of filing/registration in Florida GORAN VUKOVIC	4.	_		Document number
, (a)	Registered Agent and Registered Office shown on the records of	the Flo	rida	Dept. of Stat	ee.
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> 3601 SW 160TH AVENUE SUITE 250	ADDR	ESS)		_
	MIRAMAR, FI	3302	7		_
(b)	C T Corporation System				
(0,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Offic	endd	ress:	_
	NEW Registered Office Address:				_
	1200 South Pine Island Road				_
	Plantation, FI	3332	4		_
the changent was/wi	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li cre authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the r abilit of the	egis y coi limi	tered offic npany, it i ted liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	Derica Bell ture of a member or authorized representative of a member	:	Deni:	se Bell-Atto	omey In Fact
Signa	dure of a member or authorized representative of a member	-			Printed or typed name of signee
provis the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change	ree to e perfe ed for hereb	act ormo in (. y co	in this cap ince of my hapter 60 nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

Jeanne Nelson-Asst. Seey

C T Corporation System

Signature of Registered Agent