<u>LISO0010501</u>

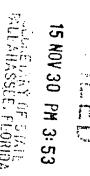
(Requestor's Name)							
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PICK-UP	☐ WAIT	MAIL					
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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations		•					
SUBJ	TR MEDICAL GROUP LLC							
Name of Limited Liability Company								
Dear S	ir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please	return all correspondence concerning thi	s matter to the	following:					
ROD	OLFO MAYOR							
	Name of Person		_					
DAV	ID DI PIETRO & ASSOCIATES, P.	Α.						
	Firm/Company							
101	NE 3RD AVE, SUITE 1410							
	Address		_					
FOR	T LAUDERDALE, FL 33301							
	City/State and Zip Code							
RUD	Y@DDPALAW.COM							
	E-mail address: (to be used for future ann	ual report notif	ication)					
For fu	orther information concerning this matter,	please call:						
ROD	OLFO MAYOR	954 at (712-3070					
	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	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314					
- -	Enclosed is a check for the following	amount:						
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy					

• 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.

١.	Na	ame of the limited liability company: TR MEDICAL			·		
2.	(a)	455 NE 5TH AVE	(b) 455 NE 5TH AVE				
	(.,)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of lir		• • •
		SUITE D145		SUITE [D145		
		DELRAY BEACH, FL 33483	DELRAY BEACH, FL 33483				
		JANUARY 20, 2015		L150000	10501		
3.		Date of filing/registration in Florida	4.		Document numb	er	
5.	(a)	REGISTERED AGENTS, INC.					
٠,	(4)	Registered Agent and Registered Office shown on the records of the	ne Florid	la Dept. of Stat	- e:		
		3030 N. ROCKY POINT DR.					
		Registered Office Address (MUST BE FLORIDA STREET A.	DDRES	<u>S)</u>	-		
		SUITE 150A					र् ज़
		DELRAY BEACH , FL	33607	7	-	HIE HE	55 NOV 30
	(b)	DAVID DI PIETRO & ASSOCIATES, P.A.			ma n	O T	
	(-,	Enter name of NEW Registered Agent and/or NEW Registered Office address:		_			
		101 NE 3RD AVE, SUITE 1410					ပ်၊ ယ
		NEW Registered Office Address:			-		
		FORT LAUDERDALE , FL	33301		-		
the ag	e cha ent v is/wo	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the reg bility c f the lir	istered office company, it i nited liabilit liability con	e and the business is hereby confirmed by company or as a many.	s office of ed that the otherwise	of the registered ne change(s) e provided in
_	Siana	ture of a member or authorized representative of a member		Ive	Printed or typed na	7	
	_					_	
pr the to	ovisi e obl mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change	e to ac perforn for in ereby c	et in this cap nance of my Chapter 602 confirm that	acity. I further a duties, and I am j 5, F.S. Or, if this the limited liabili	gree to c familiar documer ity compo	comply with the with and accept nt is being filed any has been
Si	gnatu	re of Registered Agent					