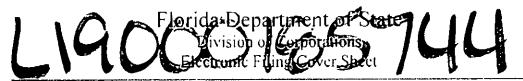
To: -18506176383

Division of Corporations



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(((H21000438150 3)))



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Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE CENTRUM MEDICAL CENTER - SOUTH DADE, 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.

| l. Na | me of the limited liability company: CENTRUM ME | DICAL CENTI | ER - SOUTH DADE, LLC | | | |
|---|---|---|--|---|---------------------------------------|--|
| 2. (a) | No Change | (b) No Change | | | | |
| \ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | 07/31/2019 | | 000185744 | | | |
| 3, | Date of filing/registration in Florida | 4. | Document number | | | |
| 5. (a) | AGREDA, ALEXIS | | | | | |
| (b) | Registered Agent and Registered Office shown on the records o | f the Florida Dep | t, of State: | 53 | _ | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | SECHLIAKT ALLAHASSE | | |
| | MIAMI , FI | L_33165 | | _ imi⊂: _ | 133 | |
| | C T Corporation System | | | - FC | ٠ ا | |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | \$ | | | |
| | | | | Α | - | |
| | NEW Registered Office Address: | | | | | |
| | 1200 South Pine Island Road | | | | | |
| | Plantation | L 33324 | | | | |
| the cha agent v was/w | imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited be are authorized by an affirmative vote of the members icles of vershization or the operating agreement of the | of the registere iability compa of the limited e limited liabi | ed office and the business of any, it is hereby confirmed t liability company or as other | tion of the rec | netered | |
| Signa | ture of a member or authorized representative of a member | | Printed or typed name of | ol' signee | | |
| provis the obi to mer notifie By: | by accept the appointment as registered agent and as fins of all stanutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change. C/T Corportion System The d'Rodslered Agent | gree to act in t e performanc led for in Cha Thereby confit | this capacity. I further agre e of my duties, and I am fam pter 605, F.S. Or, if this doc rm that the limited liability o | e to comply w iliar with and ament is heir company has | ith the laccep ig filed been | |