

L95000000852

Document Number Only

C T Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301

City

State

Zip

Phone

CORPORATION(S) NAME

300002851513--5

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

FILED

99 APR 26 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Profit ☐ Amendment ☐ Merge  
☐ NonProfit ☐ Dissolution/Withdrawal ☐ Mark  
☐ Limited Liability Company ☐ Other  
☐ Foreign ☐ Annual Report ☒ Change of R.A.  
☐ Limited Partnership ☐ Reservation ☐ Fictitious Name  
☐ Reinstatement ☐ Photo Copies ☐ CUS  
☐ Limited Liability Partnership ☐ Call When Ready ☐ Call if Problem ☐ After 4:30  
☐ Certified Copy ☐ Will Wait ☒ Pick Up

Name	<input checked="" type="checkbox"/> Walk In
Availability	<input checked="" type="checkbox"/> Mail Out
Document	
Examiner	Name
	Availability
	DCC
Update	Document
	Examiner
Updater	Updater
Verifier	Verifier
Acknowledgment	DCC
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W. P. Verifier	DCC
	W.P. Verifier

4/26/99

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THANKS

JOEY

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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 608.416 or 608.508, 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. The name of the limited liability company is: Lymphedema Services, L.C.
2. The mailing address of the limited liability company is: Sawgrass Regional Medical Center,  
12651 West Sunrise Blvd; Sunrise, Florida 33322

10-25-95  
3. Date of filing/registration in Florida

L95000000852  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Keith Lerner, M.D.

Name

4850 West Oakland Park Blvd., Suite 209

Address

Lauderdale Lakes, Florida 33313

City, State and Zip

6. The name and address of the new registered agent and/or office:

CT Corporation System

Name

1200 S. Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation,

FL

33324

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of a majority of the members of the limited liability company or as otherwise provided in the articles of organization or the regulations of the limited liability company.

[Signature]  
(Signature of a member or authorized representative of a member)

Community Rehab Centers, Inc. its managing member

(Printed or typed name of signer) By: Joseph P. Fleming, Jr., President

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Patricia A. Canario  
(Signature of Registered Agent) **PATRICIA A. CANARIO,**  
SPECIAL ASSISTANT SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314