

L99000004761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

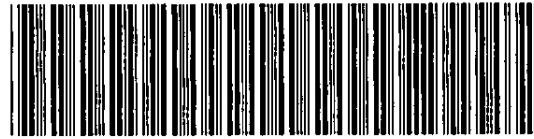
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000162066090

11/05/09--01001--013 **25.00

RECEIVED
09 NOV - 4 PM 3:34
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 NOV - 4 AM 8:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

NOV 5 2009

EXAMINER

Greenberg Traurig, P.A.

Requester's Name

Address

City/State/Zip

Phone #

Please call June at 222-6891 when ready.
Thank you!

Office Use Only

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -4 AM 8:18

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. The Nova Health Group, L.L.C. L99000004701
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time Please call ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status
Date stamped copy

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☒ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED AGENT
OF
THE NOVA HEALTH GROUP, L.L.C.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -4 AM 8:18

Pursuant to the provisions of Section 608.416 of the Florida Statutes, the undersigned limited liability company organized under the laws of the State of Florida submits the following statement in order to change its registered office and registered agent in the State of Florida.

I - Name

The name of the Limited Liability Company is THE NOVA HEALTH GROUP, L.L.C. (the "Company"), document number L99000004701.

II - Address

The mailing address and street address of the principal office of the Company is 6983 East Fowler Ave., Tampa, Florida 33617.

ARTICLE III - New Registered Agent and Office

The new street address of the Company's registered office is 1200 South Pine Island Road, Plantation, Florida 33324, and the name of its new registered agent at such office is CT Corporation System.

ARTICLE IV - Authorization

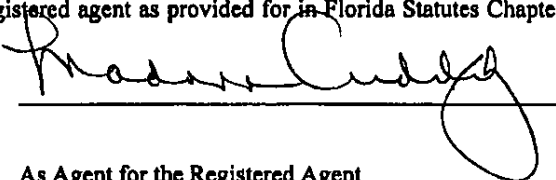
The foregoing change was authorized in accordance with the Operating Agreement of the Company.

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. Dated this 3rd day of November, 2009.


William B. Eck, Authorized Representative of Member

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated above, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608. Dated this 3 day of November, 2009.


As Agent for the Registered Agent
Madonna Cuddihy
Special Assistant Secretary