DOCUMENT # L 990000 8358 1. Entity Name NORTH BEACH MEDICAL GROUP, LLC					,	FILED		
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NORTH BEACH MEDICAL GROUP, LLC				<i>,5</i> ∙ 	**	ARY OF STATE ASSEE, FLORIDA		
	e of Business WEST CYPRESS CREE	Mailing Address K FATN LIS	ς Α Μ	A H F R	TALLAHA	190res race		
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D	of B. classes	CLEVEL	AND,	OH 44	<u>1</u> 95			
SEE A	BOVE .	3. Mailing Address SEE ABOVE.						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	е	City & State			4. FEI Number 65-0967	164		oplied For ot Applicable
Žip	Country	Zip	Coun	ntry	5. Certificate of St		\$5.00 Ad	ditional
	6. Name and Address of Current	Registered Agent	l		7. Name and Add	ress of New Registered	Fee Require	
———— เมื∃ตกห∆	CEDVICE CORRORAT		D·Λ-≃	Name			<u> </u>	<u> </u>
ANDREW SERVICE CORPORATION OF FLORIDA 201 S. BISCAYNE BLVD., SUITE 2900				Street Addres	ss (P.O. Box Number is N	lot Acceptable)		
MIAMI,	FL 33131							
				City		FL	Zip Coc	le
I. The above	named entity submits this statement fo	or the purpose of changing its	registere	ed office or regis	stered agent, or both, in	the State of Florida.		
SIGNATURE .								
MOUNT ONE -	Signature, typed or printed name of registered agent :	and title if applicable. (NOT	E: Registere	d Agent signature requ	ired when reinstating)	DATE		
	Signature, typed or printed name of registered agent	to an insurance engineering to the	Avainte anno ann ann ann ann ann ann ann ann an	d Agent signature requ		DATE		
	Signature, typed or printed name of registered agent	to an insurance engineering to the	OWIII	FEE IS \$50.0	10	DATE		
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