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DETAILS OF STATE
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TALLAHASSEE, FLORIDA

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K.SALY EXAMINER MAR 9 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 120114

7864759

AUTHORIZATION :

COST LIMIT :

ORDER DATE: March 6, 2012

ORDER TIME: 10:54 AM

ORDER NO. : 120114-066

CUSTOMER NO: 7864759

## CHANGE OF AGENT

NAME: OCALA MEDICAL INVESTORS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

## 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.

2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  (Note: MAY BE POST OFFICE BOX)  M00000001675  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  Registered Office Address:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  I201 Hays Street  Tallahassee  FL 32301  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 the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  WALLEY	1. Name of the limited liability company:	OCALA MEDI	CAL INVESTORS,LLC	
08/22/2000  3. Date of filing/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  Registered Office Address:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  NEW Registered Office A	. (a) Principal office address of limited liability company:		3570 Keith Street, N.W.	
08/22/2000  M0000001675  3. Date of filing/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  CT Corporation System  1200 South Pine Island Road  Plantation, FL 33324  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  1201 Hays Street  Tallahassee  FL 32301  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 the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the				PILE FILE
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Registered Agent:  Registered Office Address:    1200 South Pine Island Road   Plantation, FL 33324	3. Date of filing/registration in Florida	4	. Document number	92. <b>9</b> .
Registered Office Address:    1200 South Pine Island Road   Plantation, FL 33324	5. (a) Registered Agent and Registered O	ffice shown on th	ne records of the Florida Dept. o	f State:
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  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 the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the	Registered Agent:	_	C T Corporation System	
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(MUST BE FLORIDA STREET ADDRESS)  Tallahassee,FL 32301  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 the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the	NEW Registered Agent:	-	Corporation Service Company	
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	that after the change or changes are made, the office of the registered agent will be identic hereby confirmed that the change(s) was/we liability company or as otherwise provided	he Florida street al. Or, in the case are authorized by in the articles of	address of the registered office a se of a Florida limited liability of	and the business
(Signature of a member or authorized representative of a member)	(Signature of a member or authorized representative of a r	nember)		
Maureen Cathell, Authorized Person (Printed or typed name of signee)	Maureen Cathell, Authorized Person (Printed or typed name of signee)			•
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 as provided for in Chapter 608, F.S. 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.	I hereby accept the appointment as register comply with the provisions of all statutes re am familiar with and accept the obligations F.S. Or, if this document is being filed to m confirm that the limited liability company h	red agent and ag lative to the prop of my position a erely reflect a ch as been notified i	ree to act in this capacity. I furt per and complete performance o s registered agent as provided fo lange in the registered office add in writing of this change.	her agree to f my duties, and I or in Chapter 608, dress, I hereby
By: Symin Pingpart  (Signature of Registered Agent) Corporation Service Company Sylvia Queppet, Asst. Vice President	By: Symin Phappet			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00