

M04000000696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

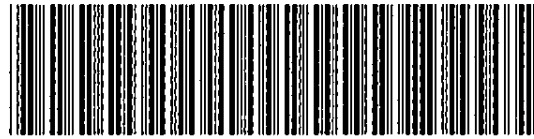
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR  
APR 15 2008  
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 524001 7441835

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 25.00

**FILED**  
08 APR 15 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : April 10, 2008

ORDER TIME : 9:10 AM

ORDER NO. : 524001-275

CUSTOMER NO: 7441835

CHANGE OF AGENT

NAME: KADIMA MEDICAL PROPERTIES,  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

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.*

1. The name of the limited liability company is: KADIMA MEDICAL PROPERTIES LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

101 Richardson Street, Brooklyn, NY 11211

02/23/2004

M04000000696

3. Date of filing/registration in Florida

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:

Joseph Jerry

Name

100 Golden Isles Drive, Suite 1204

Address

Hallandale Beach, FL 33009

City, State and Zip

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

Corporation Service Company

Name

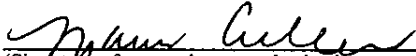
1201 Hays Street

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

Tallahassee FL 32301

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 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.

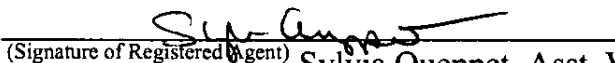


(Signature of a member or authorized representative of a member)

Maureen Cullen, 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.*



(Signature of Registered Agent) Sylvia Queppet, Asst. VP

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

**FILING FEE: \$25.00**

**FILED**  
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