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B. KOHR

DEC - 7 2010

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE :

6,00068

4319460

AUTHORIZATION

COST LIMIT

ORDER DATE: December 7, 2010

ORDER TIME : 11:10 AM

ORDER NO. : 600068-005

CUSTOMER NO: 4319460

CHANGE OF AGENT

NAME: ASPIRE BARIATRICS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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. Name of the limited liability company: Aspire Bariatrics, LLC		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: Two Commerce Square, Suite 3820 2001 Market Street Philadelphia, PA 19103-7012	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Two Commerce Square, Suite 3820 2001 Market Street Philadelphia, PA 19103-7012	
11/19/2007	M0700006837	
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:	Kenneth Solovay	
Registered Office Address:	12555 Orange Drive, Suite 102 Davie, FL 33330	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Corporation Service Company	
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 limited liability company. (Signatule of a member or abhorized representative of a member)		
(a) grante of a morney, or authorized topics institute of a manuely	,*	
Katherine D. Crothall, President and CEO (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 Agenti Doreen S. Haeselin, Asst. Vice President		
a second second second second second	•	

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

INHS18 (05/08)