

M/0000000754

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12 MAR - 8 AM 10:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 MAR - 8 AM 9:43
SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAR - 9 2012

T. HAMPTON



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I200000000195

REFERENCE : 120111 7864759

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 25.00

ORDER DATE : March 6, 2012

ORDER TIME : 10:03 AM

ORDER NO. : 120111-391

CUSTOMER NO: 7864759

CHANGE OF AGENT

NAME: LIFE CARE PHYSICIAN SERVICES,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

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: LIFE CARE PHYSICIAN SERVICES, LLC

2. (a) Principal office address of limited liability company: 3570 Keith Street, N.W.
(Note: **MUST BE STREET ADDRESS**) Cleveland, TN 37312

(b) Mailing address of limited liability company: _____
(Note: **MAY BE POST OFFICE BOX**) _____

02/17/2010 M1000000754

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: C T Corporation System

Registered Office Address: 1200 South Pine Island Road
Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(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 limited liability company.

Maureen Cathell

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

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.

By: Sylvia Queppet
(Signature of Registered Agent)

Corporation Service Company Sylvia Queppet, Asst. Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
SECRETARY OF STATE
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