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Florida Department of State  
Division of Corporations  
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LLC REGISTERED AGENT CHANGE  
OD MEDICAL SOLUTIONS, LLC

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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: ODMedicalSolutions, LLC

2. (a) 6600 North Military Trail, Boca Raton, FL 33469  
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)

3. 3/1/2010 Date of filing/registration in Florida

4. M10000000920 Document number

5. (a) CorporateCreationsNetwork, Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
11380 Prosperity Farms Rd, #221E  
Palm Beach Gardens, FL 33410

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
CTCorporationSystem  
NEW Registered Office Address  
1200SouthPineIslandRoad  
Plantation, FL 33324

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

JessicaEisele, Manager

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 605, 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: CTCorporationSystem

Signature of Registered Agent

**Alfred Younan**  
**Assistant Secretary**

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

FILING FEE: \$25.00

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