M10000003911

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
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SCORETARY OF STATE





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: March 14, 2014

Order#: 010222-235

Re: HEALTH MANAGEMENT SOUTH, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

2014 MAR 17 PM 3: 37
SECRETARY OF SAME
TABLANIAS SEE, FLORIDA

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

Pursuant to the provisions of sections 605.0114, 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. Na	me of the limited liability company: HEALTH MANAC	SEMENT SOUTH, LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
		NAPLES, FL 3410		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
09/02/2010		M10000003911		
3. Da	te of filing/registration in Florida	4. Document number		
5. (a)	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	- fra-	
		PLANTATION FE. 341	5	
(b)	Enter name of NEW Registered Agent and/or NEV	ب کی <u>اور آن</u> V Registered Office address	ာ ရဲ _က ္ သ	
	NEW Registered Agent:	Corporation Service Company		
	NEW Registered Office Address:	1201 Hays Street		
	(MÜST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32	301	
confir and th liabilit the me	limited liability company is not organized under the lamed that after the change or changes are made, the Flebusiness office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.	orida street address of the registered of	office	
	ona Priebe	_		
Signatur	re of a member or authorized representative of a member			
	a Priebe, Authorized Representative	-		
	of typed name of signee			
	by accept the appointment as registered agent and as with the provisions of all statules relative to the proam familiar with and accept the obligations of my poser 605, F.S. Or, if this document is being filed to merss, I have by confirm that the limited liability company	gree to act in this capacity. I further of the per and complete performance of my sition as registered agent as provided rely reflect a change in the registered has been notified in writing of this ca	agree to duties, for in office hange.	

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