MI000003942

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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#: 010222-215

Re: HEALTH MANAGEMENT FLORIDA, 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.

QUCA.XCOA

2014 FAR 17 PH 1: 57

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.	Name of the limited liability company: HEALTH MANAGEMENT FLORIDA, LLC				
		Principal office address of limited liability company			
		(Note: MUST BE STREET ADDRESS)	NAPLES, FL	34108	
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
09/02/2010		2010	M10000003942	72 2	
3.	Dat	e of filing/registration in Florida	4. Document number	The state of the s	
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florida	Dept. of State:	
		Registered Agent:	C T CORPORATION SY	- 	
		Registered Office Address:	1200 SOUTH PINE ISLA	ND ROAD	
			PLANTATION	芝作L 343 08	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office add</u> NEW Registered Agent Corporation Service Comp					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		4. · · · · · · · · · · · · · · · · · · ·			
			Tallahassee ,FL 32301		
co an lia the	nfirr d the bilit e me	imited liability company is not organized under the lamed that after the change or changes are made, the Flee business 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 rating agreement of the limited liability company.	orida street address of the cal. Or, in the case of a	ne registered office Florida limited	
		na Priebe	_		
Sig	natur	e of a member or authorized representative of a member			
		Priebe, Authorized Representative	_		
		or typed name of signee by accept the appointment as registered agent and as y with the provisions of all statules relative to the pro um familiar with and accept the obligations of my pos er 605, F.S. Or, if this document is being filed to men ss, I hereby confirm that the limited liability company	gree to act in this capaci per and complete perfor sition as registered agen rely reflect a change in t has been notified in wr	ity. I further agree to rmance of my duties, It as provided for in he registered office iting of this change.	
В	<u>y:</u>	re of Registered Agent Corporation Service Company	Sylvia Queppet, Asst. V		

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