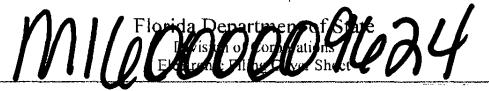
2/10/2017

Division of Corporations



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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears on the record State: Freschius Vascular Care Pensacola ASC, LLC	·		
Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			iey
2. The Florida document number of this limited liability compan	y is: M16000009624	الملت بريا اللا	F.33
3. Jurisdiction of its organization: Delaware		TO I D	Constitution Const
4. Date authorized to do business in Florida: 12/2/16	···	ကျာလာ ၂	ft]
SECTION 11 (5-9 complete only the applicable changes)		FLOST O	O
5. New name of the limited liability company: (must contain "Lim	ited Liability Company, ""L.I	يسمو بيمو	
(If name unavailable, enter alternate name adopted for the purpo- copy of the written consent of the managers or managing member must contain "Limited Liabihty Company," "L.L.C." or "LLC.")	rs adopting the alternate name	orida and attach a . The alternate name	
6. If amending the registered agent and/or registered officer addresstered agent and/or the new registered office address here:	ess on our records, enter the na	ame of the new	
Name of New Registered Agent:			
New Registered Office Address:	F 11 C 11/		
	Enter Florida Street Addr	672	Iny
	City, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agree to the provisions of all statutes relative to the proper and complete and accept the obligations of my position as registered agent as document is being filed to merely reflect a change in the register liability company has been notified in writing of this change.	a act in this capacity. I further performance of my duties, and provided for in Chapter 605, F	t Lant familiar with T.S. Or, if this	

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
itle/ Capacity	Name	Address	Type of Action			
Annager	Bryan Mello, Asst. Treasurer		Add			
		920 Winter St., Waltham, MA 02451	X Reino			
lanager ———	Fresenius Vascular Care Pensacola, (10		∑Add			
			Remo			
			Add			
			Remo			
		TALLAHAS	Add Add Remind			
		EC STATE				
aforemention	a certificate, if required: no more than 90 daned amendment(s), duly authenticated by the under the law of which this entity is organized by the second support of the Signature of the second support	ne official having custody of records in teed.	Remo			
		 				

Filing Fee: \$25.00