| CC5787 | | | | 75146 |
|--|--|-----------------|--------------------------------------|------------|
| | cipal Place of Business: | | | |
| 2349 CENTRAL | | | | |
| ST PETERSBUI | RG, FL 33713 | | | |
| Current Mail | ling Address: | | | |
| | DLAS BLVD., | | | |
| SUITE 2030 FORT LAUDERDALE, FL 33301 US | | | | |
| I OITI LAUD | | | | |
| FEI Number: 45-3547629 | | | Certificate of Status Desired: No | |
| Name and A | ddress of Current Registered Agent: | | | |
| KANETI, RICKI 200 E. LAS OLAS BLVD. STE 2030 FT. LAUDERDALE, FL 33301 US | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | |
| SIGNATURE | RICKI KANETI | | | 04/15/2016 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized I | Person(s) Detail : | | | |
| Title | MGRM | Title | MGRM | |
| Name | KATZ, ELAN | Name | VERBITSKY, MICHAEL | |
| Address | 200 E. LAS OLAS BLVD., SUITE 2030 | Address | 200 E. LAS OLAS BLVD., SUITE 2030 | |
| City-State-Zip: | FORT LAUDERDALE FL 33301 | City-State-Zip: | FORT LAUDERDALE FL 33301 | |
| | | | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGR

SIGNATURE: MICHAEL VERBITSKY

Electronic Signature of Signing Authorized Person(s) Detail

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000114279

Entity Name: GOLD STANDARD OF CARE OF ST. PETERSBURG, L.L.C.

FILED Apr 15, 2016 **Secretary of State**

04/15/2016

Date