



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/02/2002	200221303264	SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER (LSA)	25.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

HEMMER SPOOR PANGBURN DEFRANK AND KASSON PLLC
250 GRANDVIEW DR SUITE 200
ATT M DEFRANK
FT MITCHELL, KY 41017

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1267748

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

SABER HEALTHCARE GROUP, L.L.C.

and, that said business records show the filing and recording of:

Document(s)

SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER

Document No(s):

200221303264



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 1st day of August, A.D.
2002.

J. Kenneth Blackwell
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

☐ Yes

PO Box 1390

Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ No

PO Box 788

Columbus, OH 43216

STATUTORY AGENT UPDATE

(For Domestic or Foreign, Profit or Non-Profit)

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)**(1) Subsequent Appointment of Agent**☐ Corp ☐ LP (165-AGS)☒ LLC (171-LSA)**(2) Change of Address of an Agent**☐ Corp ☐ LP (145-AGA)☐ LLC (144-LAD)**(3) Resignation of Agent**☐ Corp ☐ LP (155-AGR)☐ LLC (153-LAG)**Complete ALL of the general information in this section for the box checked above.**Name of Entity Saber Healthcare Group, L.L.C.Charter or
Registration No. 1267748Name of Current Agent Ronal R. Newbanks**Complete the information in this section if box (1) is checked.**Name and Address of
New AgentGeorge S. Repchick

(Name)

17322 Euclid Ave

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cleveland

(City)

Cuyahoga

(County)

Ohio

(State)

44112

(Zip Code)

ACCEPTANCE OF APPOINTMENTThe Undersigned, George S. Repchick, named herein asthe Statutory agent for, Saber Healthcare Group, L.L.C., hereby acknowledges and
accepts the appointment of statutory agent for said entity.Signature:

(Statutory Agent)

* If the entity listed is a foreign corporation, the agent does not have to sign the **Acceptance of Appointment**

Complete the information in this section if box (2) is checked.**Old Address of Agent**

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio

(State)

(Zip Code)

New Address of Agent

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio

(State)

(Zip Code)

Complete the information in this section if box (3) is checked.

Is this agent resigning?

☐ Yes☐ No

Current or last known address
of the entity's principal office
where a copy of this Resignation
of Agent was sent as of the date
of filing or prior to the date filed

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

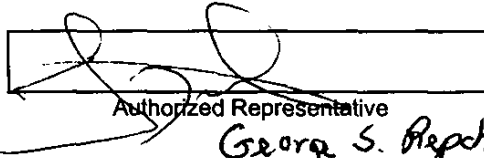
(City)

(State)

(Zip Code)

REQUIRED

Must be authenticated (signed) by an
authorized representative
(See Instructions)



Authorized Representative

George S. Repchick

6/27/02
Date