



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/15/2005	200525703170	AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNER S (LAD)	25.00	.00	.00	.00	.00

Receipt

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

ROTH BIERMAN LLP
5196 RICHMOND RD.
BEDFORD HTS., OH 44140

STATE OF OHIO CERTIFICATE

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)

AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS

Document No(s):

200525703170



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 13th day of September,
A.D. 2005.

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)

Mail Form to one of the Following:

☐ 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, LLC

Charter or
Registration No. 1267748

Name of Current Agent George S. Repchick

Complete the information in this section if box (1) is checked.

Name and Address of
New Agent

(Name)

(Street)

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

(City)

(County)

(State)

(Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, _____, named herein as
the Statutory agent for, _____, 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

24771 Miles Road, Suite D
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
Warrensville Heights, OH 44128
(City) (State) (Zip Code)

New Address of Agent

26691 Richmond Road
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
Bedford Heights OH 44146
(City) (State) (Zip Code)

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

Is this agent resigning?

☐ Yes

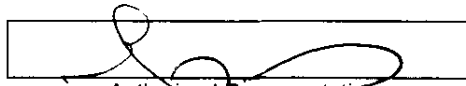
☐ No

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, President

September 6, 2005

Date