

FD700002304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

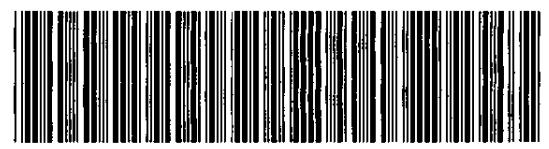
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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SECRETARY OF STATE
TREASURER, FLORIDA

2010 MAR -1 AM 8:43

FILED

NATIONAL

Corporate Services, LLC

February 26, 2010

Division of Corporations
Florida Department of State
Clifton Building
P.O. Box 6327
Tallahassee, FL 32314

RE: Change of Registered Agent and Office

Dear Filing Officer:

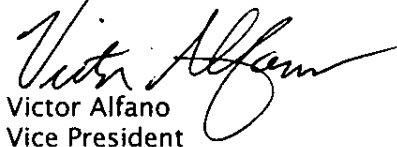
Please file the attached change of agent forms for the following entities:

1. Florida Preferred Care Health Facilities III, Inc.
2. Hacienda Care VI, L.P.
3. PCPMG, LLC
4. Pinnacle Health Facilities GP II, LLC
5. Pinnacle Health Facilities XXIII, L.P.
6. Pinnacle Health Facilities XXIV, L.P.
7. Pinnacle Health Properties VI, L.P.
8. Preferred Care Partners Management Group, L.P.
9. West Gables Facility, Inc.

Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,



Victor Alfano
Vice President

Encl.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Texas in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Florida Preferred Care Health Facilities III, Inc.
- 2. The principal office address: 5420 W. Plano Parkway, Plano, TX 75093
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 04/30/2007 Document number: F07000002304

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Capitol Corporate Services, Inc.
155 Office Plaza Drive, Suite A
Tallahassee, FL 32301

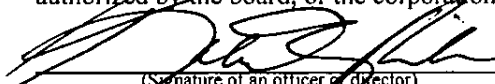
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable)
Weston, FL 33331

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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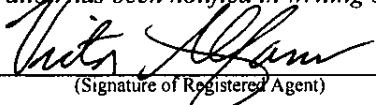
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Robert J. Riek, Secretary
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

2/5/10
(Date)

If signing on behalf of an entity:

Victor Alfano, Vice President
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***