

L010000004185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

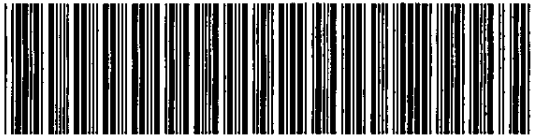
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JB

ASGARDHEALTH
AN ASGARD GROUP COMPANY

May 15, 2007

Ms. Leslie Sellers
Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Letter Number: 507A00026016
Subject: AsgardHealth, LLC
Ref. Number: I.01000004185

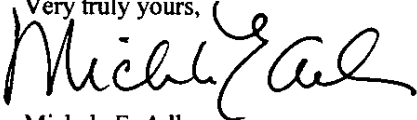
Dear Ms. Sellers:

With regard to your letter dated April 18, 2007, enclosed please find an original Cover Letter and Statement of Change of Registered Agent or Both for Limited Liability Company for the above-referenced Subject.

We have previously submitted our check number 1879, in the amount of \$35.00, for the original filing fee for a Corporation filing, and would request a refund of \$10.00 be made payable and returned to the Subject Company.

Please do not hesitate to contact me should you have any questions.

Very truly yours,



Michele E. Adler
Executive Assistant/Office Manager

/mem
Encls.

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2007

BRADFORD S. LOVETTE
ASGARDHEALTH, LLC
1675 PALM BEACH LAKES BLVD., STE. 700
WEST PALM BEACH, FL 33401

SUBJECT: ASGARDHEALTH, LLC
Ref. Number: L01000004185

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We have received your document for ASGARDHEALTH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 507A00026016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Asgard Health LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bradford S. Lovette
(Name of Person)

Asgard Health LLC
(Firm/Company)

1675 Palm Beach Lakes Blvd, Suite 700
(Address)

West Palm Beach FL 33401
(City/State and Zip Code)

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For further information concerning this matter, please call:

Michèle Adler at (561) 86816610
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

*\$10 refund is
due su 4/19/07*

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the limited liability company is: AsgardHealth LLC
- 2. The mailing address of the limited liability company is: 1675 Palm Beach Lakes Boulevard, #700, West Palm Beach FL 33401
31912001 L01000004185
- 3. Date of filing/registration in Florida
- 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Angel Corporate Services Inc.
 Name
C/O Edwards Angel Palmer & Dodge LLP
 Address
One North Clematis, Suite 400
West Palm Beach FL 33401
 City, State and Zip

6. The name and address of the new registered agent and/or office:

Asgard Group Inc.
 Name
1675 Palm Beach Lakes Blvd, Suite 700
 Florida street address (P.O. Box NOT acceptable)
West Palm Beach FL 33401
 City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Bradford J. Lovette
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00