

A28049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

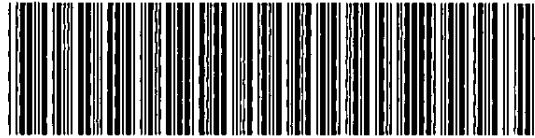
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 MAY -6 PM12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

MAY - 7 2009

EXAMINER

PREMIER
CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007
Chicago, IL 60606
(312) 346-3606 (800) 934-2556
Fax: (312) 346-3607

May 1, 2009

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
P.O. Box 6327
Tallahassee, FL 32314

**RE: All Children's Medical Office Building LP
BSB Health/MOB LP No. 2
Cogdell Spencer, Inc.
Shannon Health/MOB LP No. 1**

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2009 MAY -6 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

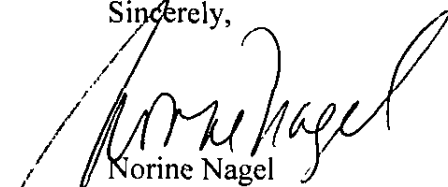
Enclosed please find one original and one photocopy of the forms to change the registered agent/office for the above captioned in your state. Also, enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,



Norine Nagel

NN/smc.
Encl.

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. All Children's Medical Office Building Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 3/14/1989 3. A28049
Date of filing/registration in Florida Florida document number

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

Corporation Service Company
Name
1201 Hays Street
Address
Tallahassee, FL 32301
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box not acceptable)
Weston FL 33331
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Charles W. [Signature]
Signature of General Partner

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.

NRAI Services, Inc.
by: [Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA