

FILED
Jul 31, 2003 8:00 am
Secretary of State

0119690 AT

1. Entity Name
MHC/LCA FLORIDA, INC.



35052877

☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346		Mailing Address ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346		55052877	
2. Principal Place of Business		3. Mailing Address		4. FEI Number 02-0537035	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent	
Zip		Country		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name		Street Address (P.O. Box Number is Not Acceptable)	
		City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust-Fund-Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAGER, DARREL ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGINE, JOHN D. ONE RAVINIA DR., STE. 1500 ATLANTA, GA 30346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GENTRY, BOYD P ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GENTRY, BOYD P. ONE RAVINIA DR., STE. 1500 ATLANTA, GA 30346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAZZINI, BRIAN ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, MICHAEL ONE RAVINIA DR., STE. 1500 ATLANTA, GA 30346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOTERMANN, JOHN ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIMS, WYNN G. ONE RAVINIA DR., STE. 1500 ATLANTA, GA 30346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT STRAUB, WILLIAM C ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS ZUROVEC, DARRELL ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: W. GRAZZINI, BRIAN Asst. Sec. 7-7-03 678-443-6775					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					