

L01000001809

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dassee Community Health Systems, L.L.C.
(Name of corporation)

DOCUMENT NUMBER: L01000001809

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David A. Barrett, Esq.
(Name of person)

Barrett & Associates, Lawyers
(Name of firm/company)

111 South Monroe St., Ste. 3000
(Address)

Tallahassee, FL 32301
(City/state and zip code)

For further information concerning this matter, please call:

David A. Barrett at (850) 222-9000
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 18, 2002

DAVID A. BARRETT, ESQ.
BARRETT & ASSOCIATES, LAWYERS
111 SOUTH MONROE STREET, SUITE 3000
TALLAHASSEE, FL 32301

SUBJECT: DASSEE COMMUNITY HEALTH SYSTEMS, L.L.C.
Ref. Number: L01000001809

We have received your document for DASSEE COMMUNITY HEALTH SYSTEMS, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation rather than for an LLC. Enclosed is the proper form.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 102A00057996

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DIVISION OF CORPORATIONS
02 NOV -5 AM 8:37

**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: Dassee Community Health Systems, LLC
2. The mailing address of the limited liability company is : Post Office Box 1979,
Quincy, FL 32353-1979

- 2/2/01 L01000001809
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:

none

Name

Address

City, State and Zip

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

David A. Barrett, Esq.

Name

111 S. Monroe Street, Suite 3000

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301

City, State and Zip

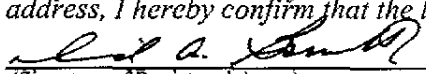
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DIVISION OF CORPORATIONS
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street 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 of a member or authorized representative of a member)

MICHAEL C. LAKE
(Printed or typed name of signer)

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 of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314