L01000001809

(Requestor's Name)		
(Address)		
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SECRETATION OF STATE



COVER LETTER

SUBJECT: DASSEE COMMUNITY HEA	ALTH SYSTEMS, L.L.C. d 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 m	natter to the following:
DAVID A. BARRETT (Name of Person)	
(Firm/Company)	
1020 E. LAFAYETTE STREET, SUITE (Address)	<u> 110</u>
TALLAHASSEE, FLORIDA 32301 (City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
DAVID A. BARRETT at (8	350 222-9000
(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 amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section Division of Corporations

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 HEAL	TH SYSTEMS, L.L.C
2. The mailing address of the limited liability con	npany is : P.O. BOX 1979	
	QUINCY, FLORIE	DA 32353-1979
02/02/2001	L01000001809	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown o	on the records of the
DAVID A. BARRE		
111 S. MONROE S	Name STREET, SUITE 3000	
	Address	
TALLAHASSEE, FI	State and Zip	· TAS
6. The name and address of the new registered age	ent and/or office:	DEC DEC
HAROLD RICHMO	OND, ESQUIRE	- 森 - 5 音
227 EAST JEFFER	ame SON STREET	
Florida street address	(P.O. Box NOT acceptable)	SIATE 3: -
QUINCY,	FL 32353	>''' -
City, Sta	ate and Zip	
If the limited liability company is not organized us confirmed that after the change or changes are may and the business office of the registered agent will liability company it is hereby confirmed that the of the members of the hinited liability company or the other ting agreement of the limited liability (Signature of a member of authorized representative of a member o	ide, the Florida street address of the identical. Or, in the case change(s) was/were authorized as otherwise provided in the company.	of the registered office of a Florida limited d by an affirmative vote
Michael C. Latte MANAGING (Printed or typed name of signee)	PARTHER	
I hereby accept the appointment as registered agreemely with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fit address, I hereby confirm that the limited liability with the limited liability (Signature of Registered Agent)	ent and agree to act in this ca to the proper and complete pe of my position as registered a led to merely reflect a change company has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.

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