

LD10000012565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

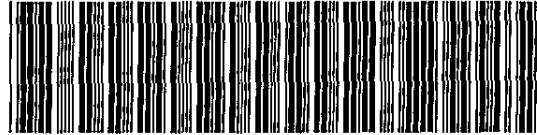
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300050507003

RECEIVED
05 APR 12 PM 2:48
DIVISION OF CORPORATION

FILED
05 APR 12 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 299598 4720460

AUTHORIZATION :

Patricia Pajoto

COST LIMIT : \$ 25.00

ORDER DATE : April 6, 2005

ORDER TIME : 12:18 PM

ORDER NO. : 299598-605

CUSTOMER NO: 4720460

CUSTOMER: Kenyetta Massiah
Coastal Administrators
Suite 500
303 Perimeter Center North
Atlanta, GA 30346

FILED
05 APR 12 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: GULF COAST HEALTH CARE
ASSOCIATES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: _____

**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: GULF COAST HEALTH CARE ASSOCIATES, LLC

2. The mailing address of the limited liability company is : _____

1937 Jenks Avenue, Panama City, FL 32405

July 30, 2001

L01000012565

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:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FL 32301

City, State and Zip

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.

Maureen Cullen
(Signature of a member or authorized representative of a member)

Maureen Cullen, Attorney In Fact

(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.

Michelle R. Vannoy
(Signature of Registered Agent) Michelle R. Vannoy, Asst. Vice President

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