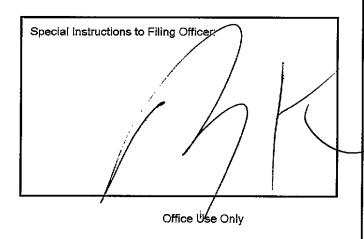
LU1000012569

	(Requestor's Name)
	(Address)
ı	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
((Business Entity Name)
((Document Number)
Certified Copies	Certificates of Status





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05 APR 12 PH 2: 47

DIVISION OF CORT ORATION





ACCOUNT NO. : 072100000032

REFERENCE : 299598

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : April 6, 2005

ORDER TIME : 12:21 PM

ORDER NO. : 299598-705

CUSTOMER NO: 4720460

CUSTOMER: Kenyetta Massiah

Coastal Administrators

Suite 500

303 Perimeter Center North

Atlanta, GA 30346

CHANGE OF AGENT

NAME:

LAKE MARY 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 limite	d liability company is:	LAKE MARY	HEALTH CARE ASSOC	IATES, LLC	
2. The mailing address of	the limited liability co	ompany is:		<u> </u>	
710 North Sun Driv	re, Lake Mary, FL 3	32746			
July 30, 2001			L01000012569	TALES TO	7
3. Date of filing/registration	on in Florida		4. Document num	iber P	5 1
5. The name of the register Florida Department of		stered office	address as shown o	on the records	of the
	C T Corp	poration S	ystem		1 2
		Name		<u></u>	₹
	1200 South	Address	and Road		• •
	Plantat	tion, FL 3	3324		
		State and Z			
6. The name and address	of the new registered a	gent and/or	office:	-	
	Corporation	n Service	Company	_	
		Name		·	
	1201 F	Hays Stree	<u>t </u>		+ 5 7
	Florida street addres	s (P.O. Box	NOT acceptable)		
	Tallahassee	_FL	32301_,		
	City, S	State and Zip)		
If the limited liability come confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited liability company to the liabili	nange or changes are method the registered agent where the confirmed that the diability company or f the limited liability company or the liability company or	nade, the Flo ill be identice change(s) vas otherwise ompany.	orida street address of eal. Or, in the case of was/were authorized	of the registere of a Florida lir 1 by an affirma	ed office nited ative vote of
Maureen Cullen, Attor (Printed or typed name of signee)				æ ·	
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm the Chapter of Registered Agent) in the confirmation of the confirmatio	s of all statutes relative discount of all statutes relative discount is being that the limited liability of the limited liability.	e to the prop is of my post filed to mer ty company	per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I furth erformance of igent as provid in the registen writing of thi	er agree to my duties, led for in red office s change.
	\sim			-	

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