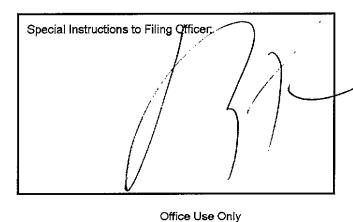
L01000012574

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





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05 APR 12 PM 5:33

RECEIVED

05 APR 12 PM 2: 46

DIVISION OF CORPORATION



ACCOUNT NO. : 072100000032

REFERENCE

99598 472046

AUTHORIZATION

atricia touto

COST LIMIT : \$ 25.00

ORDER DATE : April 6, 2005

ORDER TIME : 12:24 PM

ORDER NO. : 299598-800

CUSTOMER NO: 4720460

CUSTOMER: Kenyetta Massiah

Coastal Administrators

Suite 500

303 Perimeter Center North

Atlanta, GA 30346

CHANGE OF AGENT

NAME:

NINTH STREET 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: NINTH STR	EET HEALTH CARE ASSOCIA	ATES, LLC	
2. The mailing address of the limite	ed liability company is :		<u></u> -	
777 Ninth Street North, No	aples, FL 34102			
T-1 20 2001		L01000012574	in a company of the second of	
July 30, 2001 3. Date of filing/registration in Flor		4. Document number	। 	
3. Date of Hillig/registration in 140.	ilua	4. Document number		
5. The name of the registered agent Florida Department of State:	and the registered office	e address as shown on the	e records of the	
-	C T Corporation	System System	5 7	
	Name			
1200 South Pine Island Road				
Address				
Plantation, FL 33324				
	City, State and	Zip	152 2	
6. The name and address of the new	v registered agent and/or	r office:	PM 5: 33 PM 5: 33 PM 5: TATE	
	Corporation Service	Company		
	Name		5 A 5	
	1201 Hays Stre	et_		
Florida	street address (P.O. Box	x NOT acceptable)	, ,	
Tall	Lahassee FL	32301		
	City, State and Z	ip	• • • •	
If the limited liability company is n confirmed that after the change or cand the business office of the regist liability company, it is hereby confit the members of the limited liability the operating agreement of the limit. (Signature of a member or authorized representation)	changes are made, the Fittered agent will be ident irmed that the change(s) company or as otherwited liability company.	lorida street address of the	e registered office	
Maureen Cullen, Attorney In (Printed or typed name of signee)	Fact			
I hereby accept the appointment as comply with the provisions of all stand I am familiar with and accept to Chapter 608, F.S. Or, if this document of the language of Registered Agent) Michelle	101		ty. I further agree to mance of my duties, as provided for in the registered office ting of this change.	
Division of Cor	porations, P.O. Box 63	27, Tallahassee, FL 323	314	

FILING FEE: \$25.00