

L02000025636

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(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARTNERS IN HEALTHCARE, LLC
(Name of corporation)

DOCUMENT NUMBER: ~~L02000052636~~ L02-25636

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:

JOEL MORRISON, ESQ.
(Name of person)

PARTNERS IN HEALTHCARE, LLC
(Name of firm/company)

1501 NW 49 STREET, SUITE 200
(Address)

FT. LAUDERDALE, FL 33309
(City/state and zip code)

For further information concerning this matter, please call:

JOEL MORRISON at (954) 938-3770, EXT. 104
(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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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 26, 2003

JOEL MORRISON, ESQ.
PARTNERS IN HEALTHCARE, LLC
1501 NW 49 STREET, SUITE 200
FT. LAUDERDALE, FL 33309

SUBJECT: PARTNERS IN HEALTHCARE, LLC
Ref. Number: L02000025636

We have received your document for PARTNERS IN HEALTHCARE, LLC 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, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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: 203A00038874

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**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: Partners in Healthcare, LLC

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

1501 NW 49 Street, Ft. Lauderdale, Florida 33309

09-30-2002

LO2000025636

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:

Leonard K. Samuels, Esq.

Name

350 East Las Olas Blvd., Suite 1000

Address

Fort Lauderdale, Florida, FL 33309

City, State and Zip

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

Joel Morrison, Esq.

Name

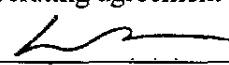
1501 NW 49 Street, Suite 200

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

Ft. Lauderdale FL 33309

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.


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

William Guthrie

(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.


(Signature of Registered Agent)

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

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