

L040000004034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

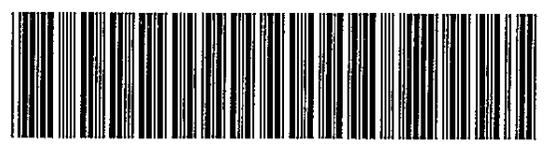
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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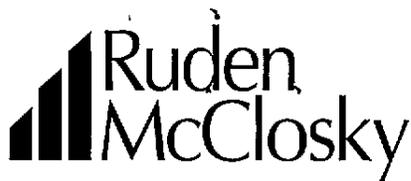
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FILED
2005 SEP 14 AM 10:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN *W*
AUG 30 2005

J. BRYAN SEP 5 2005



111 N. ORANGE AVENUE
SUITE 1750
ORLANDO, FLORIDA 32801

(407) 244-8002
FAX: (407) 244-8102
MICHAEL.LOWE@RUDEN.COM

August 22, 2005

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

**Re: Oasis for Optimal Health, L.L.C. – Change of Registered Address
Our File No. 53594-0001**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Enclosed please find the original executed Statement of Change of Registered Office for Oasis for Optimal Health, L.L.C. Upon receipt, please file the same with the Division of Corporations and make the requested registered address change.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

RUDEN McCLOSKEY

Michael R. Lowe

MRL/slm
Enclosure

cc: Eudene Harry, M.D.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED

SEP 02 2005

August 30, 2005

MICHAEL R. LOWE
RUDEN MCCLOSKEY
111 N. ORANGE AVENUE SUITE 1750
ORLANDO, FL 32801

SUBJECT: OASIS FOR OPTIMAL HEALTH, LLC
Ref. Number: L04000004034

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for OASIS FOR OPTIMAL HEALTH, 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):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 905A00054609

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: Oasis for Optimal Health, LLC
2. The mailing address of the limited liability company is : 5900 Turkey Lake Road, Suite B
Orlando, Florida 32819

January 15, 2004
3. Date of filing/registration in Florida

L04000004034
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:

Eudene K. Harry, M.D.
Name
9537 Portbury Drive
Address
Orlando, Florida 32836
City, State and Zip

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

5900 Turkey Lake Road, Suite B
Name
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32819
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.

Eudene K. Harry
(Signature of a member or authorized representative of a member)

Eudene K. Harry, M.D. - Manager
(Printed or typed name of signer)

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
FILING FEE: \$25.00

INHS18 (8/05)