L04000008947

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000041075 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
04 MAR 22 PM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)205 0380

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)777-2094

RECEIVED
04 MAR 22 PM 4:56
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

STRATUS HEALTH HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$35.00

Electronic Filing Menu Corporate Filing Public Access Help

L04-8947

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 22, 2004

Resending

STRATUS HEALTH HOLDINGS, LLC
15411 N FLORIDA AVE
TAMPA, FL 33613

SUBJECT: STRATUS HEALTH HOLDINGS, LLC
REF: L04000008947

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

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) 245-6020.

FILED
2004 MAR 22 AM 8:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tammi Cline
Document Specialist

FAX Aud. #: H04000041075
Letter Number: 804A00018650

(((H04000041075 3)))

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: Stratus Health Holdings, LLC

2. The mailing address of the limited liability company is : 15411 North Florida Avenue

Tampa, FL 33613

February 2, 2004 — 3. Date of filing/registration in Florida

L04000035947 — 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:

NRAI Services, Inc.
Name

526 E. Park Avenue
Address

Tallahassee, FL 32301
City, State and Zip

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

MacFarlane, Ferguson & McMullen, P.A.
Name

2300 Park Tower, 400 North Tampa Street
Florida street address (P.O. Box NOT acceptable)

Tampa | FL 33601
City, State and Zip

FILED
04 MAR 22 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Robert E. Altenbach, Authorized representative of Member
(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 was notified in writing of this change.

McFarlane, Ferguson & McMullen, P.A.
(Signature of Registered Agent)

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

2CR15(1099) **FILING FEE: $35.00**