

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

<b>DOCUMENT # L04000091664</b>					
<b>1. Entity Name</b> LEE VISTA SERVICE CENTER, LLC					
<b>Principal Place of Business</b> 503 WEKIVA COMMONS CIRCLE APOPKA, FL 32712			<b>Mailing Address</b> PO BOX 1029 APOPKA, FL 32704		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>					
LEE, RICHARD T 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822					Name
					Street Address
					City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>					
<b>9. MANAGING MEMBERS / MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEE VISTA HOLDINGS, INC. P.O. BOX 1029 APOPKA, FL 32704				<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP					<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP					<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP					<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP					<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP					<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP					<input type="checkbox"/> Delete
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in the provisions of the Florida Limited Liability Company Act, and that my signature shall have the same legal effect as if I were the owner of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____					