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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: LHI Healthcare, LLC	
(Name of Limited	d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for lifting.
Please return all correspondence concerning this n	natter to the following:
John E. Cilroy, III. D. A	Change and fee(s) are submitted for filing.
John F. Gilroy, III, P.A. (Name of Person)	
	Ÿ
(Firm/Company)	
1435 East Piedmont Drive, Suite 100	
(Address)	
Tallahassee, FL 32308	,
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
	850 385-1368
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
✓ \$25 Filing Fee	S55 Filing Fee & Certified Copy

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.

agent, or both, in the State of Fl	orida.					
1. The name of the limited liabi	lity company is	: LHI He	althcare, LLC			
2. The mailing address of the lin	mited liability c	ompany i	s : <u>P.O. Box 2</u>	568 Hic	kory, NC 2860)3
-						_
4140105			1.050000	72642		
1/12/05 L05000003643 3. Date of filing/registration in Florida 4. Document number						
3. Date of filing/registration in	Florida		4. Docum	ient numb	er	
The name of the registered ag Florida Department of State:	ent and the regi	stered off	ice <u>ad</u> dress as	shown on	the records of	the
R. B	ruce McKibb	en, Jr.	Esq.			
		Name				
3520 Thomasville Road, Suite 200A						
		Address			FASS SE	_
Tallahassee, FL 32308						T
	City,	, State an	d Zip		五二	-
6. The name and address of the	new registered a	agent and	or office:		2006 JUL 13 AM 9: 08 SECRETARY OF STATE TALLAHASSEE, FLORID	FILED
John F. Gilroy, III, P.A.				TES .O	O	
		Name			SE C	
<u>1435</u>	East Piedmo	nt Drive	Suite 100		हुल क	
Flori	ida street addres	ss (P.O. B	ox NOT accep	table)	r	
Talla	hassee	FL 3	2308			
•	City, S	State and	Zip			
If the limited liability company is confirmed that after the change and the business office of the repliability company, it is hereby confirmed the members of the limited lift or the operating agreement of the	or changes are n gistered agent w onfirmed that the ability company e limited liabilit	nade, the vill be ide e change(or as oth ty compan	Florida street a ntical. Or, in the s) was/were au terwise provide	address of he case of	f the registered of f a Florida limit	office ed
(Signature of a member or authorized repr	esentative of a memb	per)				
Charles E. Trefzger, Jr.						
(Printed or typed name of signee)						
I hereby accept the appointmen comply with the provisions of al and I am familiar with and acce Chapter 608, F.S. Or, if this do address, I hereby confirm that th	t as registered a l statutes relativ pt the obligation cument is being re limited liabili	ngent and ve to the p ns of my p filed to n ity compa	agree to act in roper and com osition as regi verely reflect a ny has been no	this cape plete per stered ag change to stifted in v	acity. I further formance of my ent as provided in the registered writing of this c.	agree to duties, for in office hange.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)