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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Schofield, Hand, and Bright Orthopaedics PLLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vicki Goffenet (Name of Person)
GT ASSOCIATES LLC (Firm/Company)
2822 Proctor Rd., Suite A
Sarasota, FL 34231 (City/State and Zip Code)
For further information concerning this matter, please call:
Vicki Goffinetat (941) 924-8577 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\sum \text{\$\sum \\$55 Filing Fee & Certified Copy}\$

INHS18 (8/05)

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: Schofield, Hand and Bright Orthopaedics LLC
2. The mailing address of the limited liability company is: 2800 So. Tamiami Trail,
Sarasota, Fl 34239
10/03/05 L05000097181
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: NRA 1 Services Inc. NRA 1 Services Inc. Name 2731 Executive Park Drive, Suite 4 Address Western RC 3/3/3/3/1 City, State and Zip
City, State and Zip 6. The name and address of the new registered agent and/or office: John Hand Registered agent And/or office: John Hand Registered agent And/or office: Signature Registered
Sarasota, FL 34031 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 iability 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)
John Hand
(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 hapter 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. Roy 6327 Tallahasson FI 32314

FILING FEE: \$25.00