

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LOWMEYER, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

Attn: Tamara Pasley

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: marcdemersmd@yahoo.com

LLC REGISTERED AGENT CHANGE
HOSPITAL TRANSITIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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MAY - 3 2010

EXAMINER

H10000105402 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. Name of the limited liability company: Hospital Transitions, LLC

2. (a) Principal office address of limited liability company: 140 E. Rockwood Way

☐ (Note: MUST BE STREET ADDRESS) Winter Park FL 32789

(b) Mailing address of limited liability company: 140 E. Rockwood Way

☐ (Note: MAY BE POST OFFICE BOX) Winter Park FL 32789

3/24/2006
3. Date of filing/registration in Florida

L06000031228
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: William A. Grimm

Registered Office Address: 301 E. Pine Street, Suite 1400
Orlando, Florida 32801

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Rebecca H. Forest

NEW Registered Office Address: 215 N. Eola Drive
(MUST BE FLORIDA STREET ADDRESS) Orlando, FL 32801

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.

Rebecca H. Forest
Signature of a member or authorized representative of a member

Rebecca H. Forest
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 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.

Rebecca H. Forest
Signature of Registered Agent

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

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DIVISION OF CORPORATIONS

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