

DOCUMENT# L07000125529

Entity Name: FLORIDA HOSPITAL PROPERTY ALLIANCE, LLC

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
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Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PALMER, JERRY
307 PARK LAKE CIRCLE
ORLANDO, FL 32803 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MCNEARY, INC.
Address: 6525 MORRISON BLVD SUITE 200
City-St-Zip: CHARLOTTE, NC 28211 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JANNETTE M MULLIS

SEC

03/01/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date