

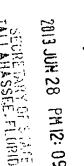
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B. BOSTICK

JUL - 1 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Shands Live Oak Community Health, LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	fice Change ar	nd fee(s) are submitted for	or filing.			
Please return all correspondence concerning the	nis matter to th	e following:				
Vivian M. Gallo						
Name of Person						
Shands Legal Services						
Firm/Company						
720 SW 2nd Avenue, Sui	te 360A		2011 TAL			
Address			2013 JUN SEORET			
Gainesville, FL 32601			N 28 N 28 A SSEE			
City/State and Zip Code	•					
gallvm@shands.ufl.edu			PM I2: 09			
E-mail address: (to be used for future annual report no	tification)		. W			
For further information concerning this matter	r, please call:					
Vivian M. Gallo	at (352	733-0030				
Name of Person	Ar	ea Code & Daytime Telephone N	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	Tallal	nassee, Florida 32314				

 $\square$  \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

## 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. Na	ame of the limited liability company: Snands Live Oak Co	mmunity Health, LLC		
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	/:1600 SW Archer Road		
	(Note: MUST BE STREET ADDRESS)	Gainesville, FL 32610		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1600 SW Archer Road Gainesville, FL 32610		
06/14/2	010	L10000063557		
3. Da	ate of filing/registration in Florida	4. Document number		
5. (a	Registered Agent and Registered Office shown o	n the records of the Florida	Dept. of State:  → 5. 28	
	Registered Agent.	Altare Boyaraninov		
	Registered Office Address:	720 SW 2nd Avenue, Suite 360A		
		Gainesville, FL 32601	- <del>(7) \$**</del>	
		- "		
(b	) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office add		
	NEW Registered Agent:	Vivian M. Gallo	<u> </u>	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		720 SW 2nd Avenue, Suite 360A		
		Gainesville	,FL <u>32601</u>	
confi and the liabil the man the of	limited liability company is not organized under the rmed that after the change or changes are made, the ne business office of the registered agent will be ide ity company, it is hereby confirmed that the change tembers of the limited liability company or as other perating agreement of the limited liability company.  The fact have the solution of a member of the solution of a member of a	Florida street address of the ntical. Or, in the case of a last (s) was/were authorized by wise provided in the articles	e registered office Florida limited	
	mes M. Roberts, SVP			
ana 1 Chap addre	reby accept the appointment as registered agent and ly with the provisions of all statutes relative to the part am familiar with and accept the obligations of my ster 608, F.S. Or, if this document is being filed to ress, I hereby confirm that the limited liability composite of Registered Agent	l agree to act in this capacitoroper and complete performosition as registered agent position as registered agent nerely reflect a change in th any has been notified in writ	ty. I further agree to mance of my duties, as provided for in the registered office ting of this change.	

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