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COVER LETTER

	egistration Section Division of Corporations						
SUBJEC	SHANDS LIVE OAK COMMU	JNITY HEALTH LI	.c				
		Name of Limited Liability Company					
Dear Sir o	or Madam:						
The enclo	osed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.				
Please ret	urn all correspondence concerning	g this matter to the	following:				
KARI A.	VALENTINE						
	Name of Person						
UF HEAL	TH SHANDS LEGAL SERVICES						
•	Firm/Company						
201 S. E.	2ND AVENUE, SUITE 209						
-	Address						
GAINES	VILLE, FL 32601						
	City/State and Zip Co	de					
kaas0001(@shands.ufl.edu						
E-m	nail address: (to be used for future	annual report noti	fication)				
For furthe	er information concerning this ma	itter, please call:					
KARI A.	VALENTINE	352 at (627-9045				
	Name of Person	\ <u>-</u>	Area Code & Daytime Telephone Number				
R D P	Hailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E	nclosed is a check for the follow	ving amount:					
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy				
INHS18 (3	2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a) Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) 201 S. F. 2ND AVENUE. SUITE 209 GAINESVILLE, FL. 32601 Date of filling/registration in Florida Document number 3. Date of filling/registration in Florida Registered Agent and Registered Office shown on the records of the Florida Dept. of State: BERNABE ICAZA Registered Office Address MUST BE FLORIDA STREET ADDRESS) GAINESVILLE FL. 32601 FL. 32	1. Na	ame of the limited liability company: SHANDS LIVE	OAK CO	MMUNIT	TY HEALTH LL	.c		
Principal office address of limited liability company: (Nate: MAST BE STREET ADDRESS) 201 S. E. 2ND AVENUE, SUITE 209 P. O. BOX 100303 GAINESVILLE, FL 32601 GAINESVILLE, FL 32610 Date of filling/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: BERNABE ICAZA Registered Office Address: (MUST RE FLORIDA STREET ADDRESS) 201 S. E. 2ND AVENUE, SUITE 209 GAINESVILLE FL 32601 FL (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: KARI A. VALENTINE NEW Registered Office Address:	2 (a)		(1	7)				
GAINESVILLE, FL 32601 GAINESVILLE, FL 32610 106/14/2010 L10000063557 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: BERNABE ICAZA Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 201 S. E. 2ND AVENUE, SUITE 209 GAINESVILLE FL 32601 FL 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. EDWARD JIMENEZ, CEO of Shands Teaching Hospital and the provided in the articles of organization or the operating agreement of the limited liability company.	2. (4)	Principal office address of limited liability company:	(Mailing addres			
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Signature of a member or authorized representative of a member Printed or typed name of signee	Signa	ture of a member or authorized representative of a member			Printed or typ	ed name of sig	nee	
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 605, F.S. Or, if this document is being filed to marely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.	provisi the obl to m g re	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, L	ree to act performed for in C hereby co	in this c ance of n Chapter to onfirm th	apacity. I furth ny duties, and I 505, F.S. Or. if at the limited li	ier agree to am familiar this docume iahility comp	comply with arent is be pany ha:	with the id accept ing filed s been
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