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(City/State/Zip/Phone #)	08/03/0501046009 **25.00	
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<u>Cooper, Byrne, Blue</u> Req 3520 Thomasville Ro	uestor's Name.
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<u>. Tallahassee FL 323</u> City/State/Z	
CORPORATION M	NAME(S) & DOCUMENT NUMBER(S), (if known):
0	Health Care Investors, LLC L9900002907 oration Name) (Document #)
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Walk in Mail out NEWARICINGS Profit NonProfit	Pick up time   Will wait   Photocopy   Certificate of Status     AMMENDMENTS   Amendment   Resignation of R.A., Officer/Director
Walk in Mail out NEWERICINGS Profit NonProfit Limited Liability	Pick up time   Will wait   Photocopy   Certificate of Status     AMMENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent
Walk in Mail out NEWERIEINGS Profit NonProfit Limited Liability Domestication Other	Pick up time   Will wait   Photocopy   Certificate of Status     AMMENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger
Walk in Mail out NEWINGS Profit NonProfit Limited Liability Domestication	Pick up time   Will wait   Photocopy   Certificate of Status     Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger
Walk in Mail out NEWERIEINGS Profit NonProfit Limited Liability Domestication Other	Pick up time   Will wait   Photocopy   Certified Copy   Certificate of Status     AMENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger
Walk in Mail out NEWERIEINGS Profit NonProfit Limited Liability Domestication Other	Pick up time   Will wait   Photocopy   Certified Copy   Will wait   Photocopy   Certificate of Status     AMMENDMENTS   Amendment   Resignation of R.A., Officer/Director   X   Change of Registered Agent   Dissolution/Withdrawal   Merger     REGISTRATION/*   OUAFIFICATION/*   Foreign
Walk in Mail out NEWERIEINGS Profit NonProfit Limited Liability Domestication Other Other Annual Report	Pick up time   Will wait   Photocopy   Certificate of Status     AMTENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger     REGISTRATION/
Walk in Mail out Mail out NEWERIEINGS Profit NonProfit Limited Liability Domestication Other iOUHERFEININGS Annual Report Fictitious Name	Pick up time   Will wait   Photocopy   Certified Copy   Will wait   Photocopy   Certificate of Status     Amendment   Resignation of R.A., Officer/Director   X   Change of Registered Agent   Dissolution/Withdrawal   Merger     REGISTRATION/-   Foreign   Limited Partnership   Reinstatement
Walk in Mail out Mail out NEWERIEINGS Profit NonProfit Limited Liability Domestication Other iOUHERFEININGS Annual Report Fictitious Name	Pick up time   Will wait   Photocopy   Certificate of Status     AMTENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger     REGISTRATION/

## 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:	Daytona Healthcare Investors, LLC
2. The mailing address of the limited liability con	npany is : P. O. BOX 8779
ATLANTA GA 31106	
05/20/1999	L9900002907
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on the records of the

	GRASSO, JO-ANN			
	Name 1001 S. BEACH ST.			
	Address DAYTONA BEACH FL 32114	TALL	150	
6. The name and address	City, State and Zip of the new registered agent and/or office:	AHASS	AUG -:	
	Charles L. Cooper, Jr., Esquire	TARY OF ASSEE,	3 AH	m
	3520 Thomasville Road, Suite 200	FLORIDA	ę	D
	Florida street address (P.O. Box NOT acceptable)	TE	33	
	Tallahassee, <u>FL</u> 32309			
	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 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.

(Signature of a member or authorized representative of a member)

## John E. McMullan, Managing Member

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I furth	er agree to
comply with the provisions of all statutes relative to the proper and complete performance of	mv duties.
and I amfanylliar with and accept the obligations of my position as registered agent as provid	ded for in
Chanter 5081 F.S. Up it this document is being filed to merely reflect a change in the register	red office
address Nhereby confirm that the limited liability company has been notified in writing of thi	s chẳnge.
	0
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

1. j

**FILING FEE: \$25.00**