

L9900004698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 OCT 17 P 4: 21

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LAW OFFICES
STUTSMAN THAMES & MARKEY
PROFESSIONAL ASSOCIATION
50 NORTH LAURA STREET, SUITE 1600
JACKSONVILLE, FLORIDA 32202
WWW.STMLAW.NET

RICHARD R. THAMES
E-MAIL: RTHAMES@STMLAW.NET

TELEPHONE
904-358-4000

FACSIMILE
904-358-4001

October 12, 2007

Secretary of State
Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

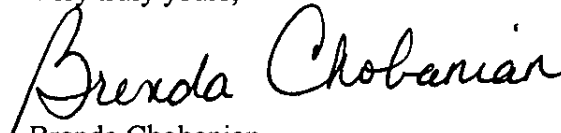
Re: Accmed Healthcare System, LLC

Dear Sir or Madam:

Enclosed for the referenced corporation is an original change of address form for Accmed Healthcare System, LLC. We would appreciate your filing the original of this document and returning a date-stamped copy to us in the enclosed envelope. We have enclosed our check in the amount of \$25.00 to cover the filing fee and the cost of the envelope.

FILED
2007 OCT 16 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Very truly yours,


Brenda Chobanian,
Legal Assistant

BLC/rrt
Enclosures
65629

**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: Accmed Healthcare System, LLC

2. The mailing address of the limited liability company is : 5377 Commissioner Drive
Jacksonville, Florida 32224

07/29/1999

L99000004698

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Bao T. Pham

Name

8488 Stables Road

Address

Jacksonville, Florida 32256

City, State and Zip

6. The name and address of the new registered agent and/or office:

Boa T. Pham

Name

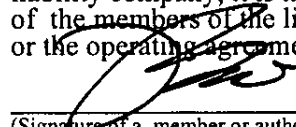
5377 Commissioner Drive

Florida street address (P.O. Box NOT acceptable)

Jacksonville, Florida FL 32224

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)

B T. Pham
(Printed or typed name of signer)

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.


(Signature of Registered Agent)

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

FILING FEE: \$25.00

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2001 OCT 17 P 4: 21
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TALLAHASSEE, FLORIDA