

UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue

Tallahassee, Florida 32301

(850) 681-6528

**HOLD** 

FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

November 8, 2000

Plant City Healthcare Advisors LLC				
Filing Evidence  ☑ Plain/Confirmation	Type of Document Copy □ Certificate of Status			
□ Certified Copy	□ Certificate of Good Standing			
	□ Articles Only			
Retrieval Reques  Photocopy  Certified Copy	□ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate □ Other □ Other □ APP			
NEW FILINGS	AMENDMENTS FIG & SEC			
Profit	Amendment ORTA :			
Non Profit	Resignation of RA Officer/Directors 134568532			
Limited Liability	X Change of Registered Agent ****350.00 *****25.00			
Domestication	Dissolution/Withdrawal			
Other	Merger			
OTHER FILINGS	REGISTRATION/QUALIFICATION			
Annual Reports	Foreign			
Fictitious Name	Limited Liability			
Name Reservation	Reinstatement			
Reinstatement	Trademark			
	Other (1)			

## 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 liabilit	y company is: PLANT	CITY HEALTHCARE ADVI	SORS, LLC	
2. The mailing address of the limit				
9/27/99		L99000006080	·	
3. Date of filing/registration in Fl	orida	4. Document number	er	
5. The name of the registered ager Florida Department of State:	it and the registered offi	ce address as shown on t	the records of the	
RAINS,	JOHN H III			
	Name			
701 NO	RTH WILDER ROAD		-	
	Address		<b>5</b> 0	
PLANT CITY, FL 33566  City, State and Zip			- PEC 3	
6. The name and address of the new registered agent and/or office:			APPR APPR FIL 00 NOV8 SECRETAR'S ALLAHASS	
NRAI SE	ERVICES, INC.			
526 E PA	Name ARK AVENUE a street address (P.O. Be	ox NOT acceptable)	AM II: 58 OF STATE OF STATE	
TALLAH	•	•	<i>-</i>	
	City, State and			
If the limited liability company is confirmed that after the change or and the business office of the regis liability company, it is hereby conthe members of the limited liability the operating agreement of the limited liability the operating agreement of the limited liability the operating agreement of the limited liability that the operating agreement of the limited liability the operating agreement of the limited liability that the operating agreement of the limited liability that the operation of	changes are made, the lastered agent will be identifirmed that the change(structure) company or as otherwaited liability company.	Florida street address of a tical. Or, in the case of	the registered office a Florida limited	
Richard F. La Rock (Printed or typed name of signee)	he Jr.	<u>.</u>		
I hereby accept the appointment of comply with the provisions of all sand I am familiar with and accept Chapter 608, F.S. Or, if this docu address, I hereby confirm that the NRAI SERVICES, INC.  (Signature of Registered Agent) ED HAND, ASST, SEC.	ns registered agent and statutes relative to the positive to the limited liability compand as I have been also to the limited liability compand as I have been as I have been also to the liability compand as I have been as I have been also to the liability compand as I have been also to the liability as I have been also the liability as I have been al	agree to act in this capa roper and complete perf osition as registered age erely reflect a change in ny has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office riting of this change.	

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

INHS18(10/99) FILING FEE: \$25.00