

UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

199000001135

November 8, 2000

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Port Charlotte Healthcare Advisors LLC

Filing Evidence ☑ Plain/Confirmation Copy			Type of Docum ☐ Certificate of Sta		
	□ Certified Copy		□ Certificate of Go	ood Standing	
			. □ Articles Only		
	Retrieval Request □ Photocopy □ Certified Copy		□ All Charter Doct Articles & Amer □ Fictitious Name □ Other	ndments Certificates ONOV -8 FILAHASS	
ļ .	NEW FILINGS		AMENDMENTS	, Me a BOX	
	Profit		Amendment	HIZ: 20 FLORID	
	Non Profit		Resignation of RA Officer/Director	7 2	
	Limited Liability	X	Change of Registered Agent		
	Domestication		Dissolution/Withdrawal	haamosabb	
	Other		30600134568433 Merger -11/08/0001024005 *****350.00 ******25.00		
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	OTHER FILINGS REGISTRA		REGISTRATION/QUALIFICATION		
	Annual Reports		Foreign		
	Fictitious Name		Limited Liability		
	Name Reservation		Reinstatement		
	Reinstatement		Trademark		
			Other		

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 limit	ed liability company is: _	PORT CHARLOTTE HEALTH	CARE ADVISORS, LLC		
2. The mailing address of	of the limited liability con	npany is: <u>PO BOX 1398, MUI</u>	RPHREESBORO, TN 37133.		
9/27/99		L9900006135			
3. Date of filing/registra	tion in Florida	4. Document number			
5. The name of the regist Florida Department of		ered office address as shown	on the records of the		
~	RAINS, JOHN H III				
		Name	-		
	201 N FRANKLIN STREI	ET, SUITE 2200	-		
	A	Address	-		
	TAMPA, FL 33602				
	City, S	tate and Zip	- %E 00		
6. The name and address	of the new registered age	ent and/or office:	NOV CRET		
	NRAI SERVICES, INC.		ARY B		
	Name 526 E PARK AVENUE				
	Florida street address	(P.O. Box NOT acceptable)	IZ: 20 STATE LORIDA		
	TALLAHASSEE	FL 32301	جن		
	City St	ate and Zin	-		

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)

Lakoche, (Printed or typed name of signee)

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. NRAI SERVICES, INC.

(Signature of Registered Agent)

ED HAND, ASST. SEC

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

FILING FEE: \$25.00

INHS18(10/99)