

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

HOLD FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

## 001MMM 10201

<b>SERVICES</b>	CORPORATION NAME (S) AND DOCUMENT NUMBER (S): Healthcare/Imperial LLC	
Filing Evidence  ☑ Plain/Confirmation Cop	Type of Document  y □ Certificate of Status	
□ Certified Copy	□ Certificate of Good Standing	
	□ Articles Only	
Retrieval Request  □ Photocopy	<ul> <li>□ All Charter Documents to Include Articles &amp; Amendments</li> <li>□ Fictitious Name Certificate</li> </ul>	
□ Certified Copy	□ Other	
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
Non Profit	Resignation of RA Officer/Director -11/08/0001024005	
Limited Liability	X Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
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OTHER FILINGS	REGISTRATION/QUALIFICATION ₹	
Annual Reports	Foreign SSET AN	
Fictitious Name	REGISTRATION/QUALIFICATION  Foreign  Limited Liability  REGISTRATION/QUALIFICATION  AND  FILED  AND  FILED	

OTHER FILINGS		
	Annual Reports	
:	Fictitious Name	
	Name Reservation	
	Reinstatement	

REGISTRATION/QUALIFICATION
Foreign
Limited Liability
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 limited liability comp	any is: NHC HEALTHCARE/IMPERIAL, I	LLC .		
2. The mailing address of the limited liab	oility company is: PO BOX 1398, MURP	HREESBORO, TN 37133.		
10/04/99	L9900006390	•		
3. Date of filing/registration in Florida	4. Document numb	per		
5. The name of the registered agent and th Florida Department of State:	ne registered office address as shown on	the records of the		
RAINS, JOHN H	<del>1</del> III			
Name 201 N FRANKLIN STREET, SUITE 2200				
				Address
TAMPA, FL 336		<del>-</del> -		
<del></del>	City, State and Zip			
6. The name and address of the new regist	APPR Al FIL NOV -8 CRETAR LAHASS			
NRAI SERVICES				
Name 526 E PARK AVENUE		PMI2: OF ST		
Florida street	address (P.O. Box NOT acceptable)	ATE DRIDA		
TALLAHASSEE	FL 32301			
	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)

Richard F. 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)