

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

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

Tallahassee, Florida 32301 (850) 681-6528

SERVICE	3 - '	November 8, 2000 CORPORATION NAME (S) AND DOCUMENT NUMBER (S): City Healthcare Advisors LLC	
Filing Evidence ☑ Plain/Confirmation Copy		Type of Document ☐ Certificate of Status	
☐ Certified Copy		☐ Certificate of Good Standing	
		□ Articles Only	
Retrieval F □ Photocopy □ Certified Co	Î	 □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate □ Other 	
□ Cerimed Co	ppy	□ Other	
NEW FILINGS		AMENDMENTS	
Profit		Amendment	
Non Profit		Resignation of RA Officer/Director	
Limited Liability		Change of Registered Agent	
Domestication		Dissolution/Withdrawal 6000034568562	
Other		**************************************	
OTHER FILING	S	REGISTRATION/QUALIFICATION Foreign REGISTRATION/QUALIFICATION REGISTRATION/QUALIFICATION REGISTRATION/QUALIFICATION REGISTRATION/QUALIFICATION	
Annual Reports		REGISTRATION/QUALIFICATION Foreign Limited Liability Reinstatement Trademark REGISTRATION/QUALIFICATION APPROVE AND APPRO	
Fictitious Name		Foreign Limited Liability APPROV AP	
Name Reservation	n	Reinstatement For Trademark	
Reinstatement		Trademark SA 5	

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	company is: PANAMA CITY HEALTHCARE A	ADVISORS, LLC
2. The mailing address of the limite	ed liability company is: PO BOX 1398, MUR	PHREESBORO, TN 37133 .
11/12/99	L99000007724	•
3. Date of filing/registration in Flor	rida 4. Document num	aber
5. The name of the registered agent Florida Department of State:	and the registered office address as shown o	on the records of the
RAINS, J	IOHN H III	
	Name	·
201 N FR	RANKLIN STREET, SUITE 2200	
	Address	•
TAMPA, F	FL 33602	
	City, State and Zip	
6. The name and address of the new	v registered agent and/or office:	000 SE
NRAI SEF	RVICES, INC.	APPRO AN FILI 00 NOV -8 SECRETAR FALLAHASS
526 E PAF	Name RK AVENUE	SSR 8 FINE
Florida	street address (P.O. Box NOT acceptable)	AMII:
TALLAHA	ASSEE FL 32301	カ型 の
	City, State and Zip	可能 A
If the limited liability company is no	ot organized under the laws of the State of F	lorida, it is hereby

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)

(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)