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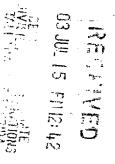
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	
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SEGRETARIANTE FLORITA



By



ACCOUNT NO. : 072100000032

REFERENCE: 166062 7112604

AUTHORIZATION :

COST LIMIT : \$ 25.00 LIMIT

ORDER DATE : July 11, 2003

ORDER TIME : 11:25 AM

ORDER NO. : 166062-235

CUSTOMER NO: 7112604

CUSTOMER: Ms. Jeanie Cassidy

Gmh Associates, Inc.

10 Campus Blvd.

Newtown Square, PA 19073

CHANGE OF AGENT

NAME: NEW TOWMED, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

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: NEW TOWNMED, LLC	
2. The mailing address of the limited liability company is:	· · · · · · · · · · · · · · · · · · ·
10 Campus Blvd., Newtown Square, PA 19073	
01/31/2000	3
3. Date of filing/registration in Florida 4. Document 1	number
5. The name of the registered agent and the registered office address as show Florida Department of State:	n on the recognis of the
CT Corporation System	
Name	
	<u> </u>
1200 South Pine Island Road Address	FILED PR
	F 9 , -
Plantation, FL 33324 City, State and Zip	
· ·	P'' =
6. The name and address of the new registered agent and/or office:	•
Corporation Service Company	
Name	
1201 Hays Street	
Florida street address (P.O. Box NOT acceptable	-
Tallahassee FL 32301	
City, State and Zip	
If the limited liability company is not organized under the laws of the State of confirmed that after the change or changes are made, the Florida street address and the business office of the registered agent will be identical. Or, in the calliability company, it is hereby confirmed that the change(s) was/were authorithe members of the limited liability company or as otherwise provided in the the operating agreement of the limited liability company.	ss of the registered office se of a Florida limited zed by an affirmative vote of
(Signature of a member or authorized representative of a member)	
Anne Martin, Attorney in Fact	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligations of my position as registere Chapter 608, F.S. Or, if this document is being filed to merely reflect a charaddress, I hereby confirm that the limited liability company has been notified I. A.	capacity. I further agree to performance of my duties, a gent as provided for in age in the registered office in writing of this change.
(Signature of Registered Agent)	

FILING FEE: \$25.00

Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314