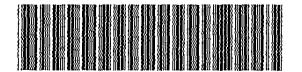
## M0000000193

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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ACCOUNT NO. : 072100000032

REFERENCE :

196860

7112604

AUTHORIZATION :

COST LIMIT :

ORDER DATE: August 6, 2003

ORDER TIME: 10:49 AM

ORDER NO. : 196860-025

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 PLAIN STAMPED COPY

CONTACT PERSON: Mimi Replogle

## 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 limite	d liability company is: _N	IEW TOWMED	, LLC		
2. The mailing address of	the limited liability comp	pany is :			
10 Campus Blvd., M	Newtown Square, PA 19	073		0	
01/31/2000			M00000000193	ES E I	
3. Date of filing/registration in Florida		4	. Document num	ber N	
5. The name of the registe Florida Department of S		ed office ac	ldress as shown or	n the records of the	
•	Corporation :	Service Co	ompany	0 56 1 56	
1201 Hays Street				·	
Address					
Tallahassee, FL 32301 City, State and Zip					
6. The name and address of the new registered agent and/or office:					
	CT Corpora	tion Syst	em		
Name					
1200 South Pine Island Road					
Florida street address (P.O. Box NOT acceptable)					
	Plantation I	FL	33324		
	City, State	e and Zip			
If the limited liability come confirmed that after the chand the business office of liability company, it is here the members of the limited the operating agreement of the operation of the operat	ange or changes are made the registered agent will be eby confirmed that the character I liability company or as of the limited liability com	e, the Florical in the control of th	la street address of Or, in the case of were authorized	f the registered office f a Florida limited by an affirmative vote of	
Anne Martin, Attorney	in Fact on behalf o	£			
(Printed or typed name of signee)	GH Towmed, Ltd., Ada	min. Membe			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered agen s of all statutes relative to l accept the obligations o nis document is being file that the limited liability c	t and agree the proper f my positio d to merely ompany has	to act in this cape and complete per n as registered as reflect a change i s been notified in	acity. I further agree to formance of my duties, sent as provided for in the registered office writing of this change.	
(Signature of Registered Agent) K	athy Widdoes, Asst.	_ Secretary		•	

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

INHS18(10/99)

**FILING FEE: \$25.00**