

m 0000000 2646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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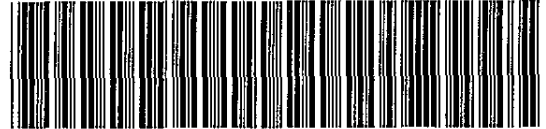
(Business Entity Name)

(Document Number)

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03 APR 25 AM 9:02
STATE
OFFICERS
TALLAHASSEE, FLORIDA
FILED
03 APR 25 PM 12:52
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 048185 169734A

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : April 16, 2003

ORDER TIME : 3:46 PM

ORDER NO. : 048185-035

CUSTOMER NO: 169734A

CUSTOMER: Ms. Maureen Nelson
Medquist Inc.
Suite 311
5 Greentree Center
Marlton, NJ 08053

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TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: LANIER HEALTHCARE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

**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: LANIER HEALTHCARE, LLC
2. The mailing address of the limited liability company is : Five Greentree Centre,
Suite 311, Marlton, NJ 08053

12/20/2000
3. Date of filing/registration in Florida

M00000002646
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

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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 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]
(Signature of a member or authorized representative of a member)

John M. Guender
(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.

[Signature]
(Signature of Registered Agent) Carol K. Dolor, Asst. V.P.

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