

Division of Corporations

MO5000006740

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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C P CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

REGISTERED AGENT CHANGE

ATLANTIC SHORES HOSPITAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

\$25.00

RECEIVED

2007 OCT 10 AM 8:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

07 OCT 10 AM 7:54

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DIVISION OF CORPORATIONS**

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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: Atlantic Shores Hospital, LLC
2. The mailing address of the limited liability company is : _____
6640 CAROTHERS PARKWAY SUITE 500 FRANKLIN TN 37067

12/01/2005 M05000006740
3. Date of filing/registration in Florida 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:

NRAI SERVICES, INC.
Name
2731 EXECUTIVE PARK DRIVE, SUITE 4
Address
WESTON FL 33331
City, State and Zip

6. The name and address of the new registered agent and/or office:

CT Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
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.

Samantha Jones
(Signature of a member or authorized representative of a member)

Samantha Jones, Attorney in Fact
(Printed or typed name of signor)

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.

By Erin McBrearty
(Signature of Registered Agent)

Erin McBrearty
Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (8/05)

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