

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # M06000003823



Mailing Address  
400 LAZELLE ROAD STE 10  
COLUMBUS, OH 43240

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-5114051

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CONSULATE HEALTH CARE, LLC	
STREET ADDRESS	800 CONCOURSE PARKWAY S. STE 200	
CITY-ST-ZIP	MIATLAND, FL 32751	

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	John Silliter, PRES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	800 Concourse Pkwy S.		
STREET ADDRESS	Maitland, FL 32751		

TITLE	Mark Johnson, VP/SEC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	800 Concourse Pkwy S.		
STREET ADDRESS	Maitland, FL 32751		

TITLE	Joe Keenan, TREAS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	800 Concourse Pkwy S.		
STREET ADDRESS	Maitland, FL 32751		

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_