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Account Name

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REGISTERED AGENT CHANGE

FL MEDICANA HOLDINGS LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

AUG 2 7 2009

EXAMINER

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. Name of the limited liability company:	FL MEDICANA HOLDINGS LI,C
2. (a) Principal office address of limited liability company	C/O MILLENNIUM MANAGEMENT
(Note: MUST BE STREET ADDRESS)	10800 BISCAYNE BLVD. STE. 600 MIAMI FL 33161
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
05/19/2009	W0700001200
3. Date of filing/registration in Plorida	4. Document number
5. (a) Registered Agent and Registered Office shown on	·
Registered Agent;	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET
	TALLAHASSEE FL 32301-2525 U6
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	C T Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
INDUATED AND HIMS DIAMED AND A MADERALISM.	Plantation, ,FL 33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member	lorida street address of the registered office size. Or, in the case of a Florida limited Some was/were authorized by an affirmative out of the provided in the articles of organization Some provided in the articles of organization.
Hudnes A Tue & April a	
Printed or typed name of signer	్ల
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the provided I am familiar with and accept the obligations of my packages of the configuration of the provided in the company of T Corporation System LOUAL ALCUME Signature of Registered Agent	gree to get in this capacity. I further agree to sper and complete performance of my dulies, sitton as registered ugent as provided for in rety reflect a change in the registered office has been notified in writing of this change. Barbara A. Burke Special Assistant Secretary

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

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INTISTS (05/08)

PLEID - 05/03/2009 C T System Calling

Ву: