

**CORPORATE
ACCESS
INC.**

266 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 3/20/01 11:00

CERTIFIED COPY _____

CUS _____

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☒ FILING

PA Change

1.) Smith Health Investors, LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 MAR 21 PM 12:15

FILED

3/21

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*****25.00 *****25.00

SPECIAL INSTRUCTIONS _____

RECEIVED
01 MAR 20 AM 9:13
DIVISION OF CORPORATION

"When you need ACCESS to the world"

CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

7p



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 20, 2001

CORPORATE ACCESS, INC.

SUBJECT: SMITH HEALTH INVESTORS, LLC
Ref. Number: M97000000061

Corrected 3/21/01
[Signature]

We have received your document for SMITH HEALTH INVESTORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 601A00016749

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01 MAR 21 PM 12:15
TALLAHASSEE FLORIDA
SECRETARY OF STATE

RECEIVED
01 MAR 21 AM 10:39
DIVISION OF CORPORATION

**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: Smith Health Investors, LLC

2. The mailing address of the limited liability company is : 4415 Pheasant Ridge Rd., Suite 301

Roanoke, VA 24014

2/17/97

M97000000061

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:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

NRAI Services, Inc.

Name

526 E. Park Avenue

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 of a member or authorized representative of a member)

JAMES R. PIETZAK

Manager

(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.
NRAI Services, Inc.

(Signature of Registered Agent)

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

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01 MAR 21 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is

Smith Health Investors, LLC

The name and address of the registered agent is

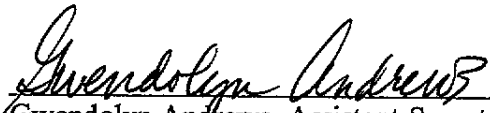
NRAI Services, Inc.

526 E. Park Avenue

Tallahassee, Florida 32301

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Having been named registered agent for the stated corporation, I hereby accept the appointment as registered agent and am familiar with and accept the obligations of my position.



Gwendolyn Andrews, Assistant Secretary