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February 4, 2000

Division of Corporations Florida Department of State 409 E. Gaines Street Tallahassee, FL 32399

RE: Quorum Health Resources, LLC

800003127388--3 -02/08/00--01071--001 \*\*\*\*\*25.00 \*\*\*\*\*25.00

## Gentlemen:

Please review the attached Statement of Change of Registered Agent and if all is in order, please file in your office. Our check in the amount of \$25.00 is attached.

Please return evidence to the undersigned in the attached self addressed stamped envelope.

Thank you for your assistance in this matter.

Very truly yours,

Gaily Ward/ Assistant Secretary

/gw Encls.

## 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.

agent, or both, in the bia	ne oj Fioriaa.						
1. The name of the limit	ed liability company	is: Quorum He	alth Resources, LL	.c		ner og garner p	In-
2. The mailing address of	of the limited liability	company is:	103 Continental Pia	ace			
Brentwood, TN 37027						<del></del> '-	-
	<u> </u>	· v I					الله مدرر
06/30/98			M9800000691	<u></u>		- مهداما مارس	./ . 1 <sub></sub> 4.
3. Date of filing/registra	tion in Florida		4. Document nu	ımber			
5. The name of the regist Florida Department of	ered agent and the re State:	gistered office	address as shown	on the records	s of the	<u>-</u> .	-
	C T Corporation Sys	tem`			<u> </u>	모	
		Name		· ·	. 💆	<b>₩</b>	
	1200 South Pine Isla			e La estada		<u> 중</u>	
		Address		<del>-</del> :	ī	<b>韦拉</b> 士	
	Plantation, Florida 33			<u>.</u>	8 PH	835	i i s
		ty, State and Zi	•		7	855°	
6. The name and address	of the new registered	l agent and/or o	ffice:		**	RATE OF THE PROPERTY OF THE PR	
	NRAI Services, Inc.				# <del>-</del>	S1018	-
		Name	4	•all Alffilm (1994) The Common of the Commo	<u> </u>	· -÷ -	: '
	526 E. Park Avenue	<u> </u>			24.5		<del>1614</del> .
	Florida street addr	ess (P.O. Box I	NOT acceptable)		• •		
	Tallahassee	FL 32301					
	City	, State and Zip		• • •-• •			3
If the limited liability con confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of the company of the limite the operating agreement of the company of the limite the operating agreement of the company of the limite the operating agreement of the limite that the limited has been supported by the limited liability of the liability of the liability of the limited liability of the liability of	the registered agent reby confirmed that the liability company of the limited liability	made, the Flor will be identica he change(s) we or as otherwise company.	da street address	of the register	ed offic		
Co la la laviac							
(Printed or typed name of signee)		1		-		, के भाग	" .⊤±
I hereby accept the appoint the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm NRAY, Services, Inc.	intment as registered s of all statutes related accept the obligation his document is being that the limited liabi	agent and agreeive to the prope ons of my positi g filed to merel lity company hi	re to act in this ca r and complete p on as registered o v reflect a change is been notified in	pacity. I furth erformance of agent as provi in the registe a writing of thi	er agre my duti ded for red offic is chang	re to ies, in ce çe.	
Thaus a	··· ··· · · · · · · · · · · · · · · ·	D O D CC+-					

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

INHS18(10/99)

**FILING FEE: \$25.00**