

# M 198000000757



UCC FILING & SEARCH SERVICES, INC.  
526 East Park Avenue  
Tallahassee, FL 32301  
(850) 681-6528

## HOLD

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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

American Health Facilities Development LLC

m98-757

- Walk In
- Mail Out
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- Photocopy

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## RUSH

- Certified Copy
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- ARTICLES ONLY
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SECRETARY OF STATE  
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

- Certificate of FICTITIOUS NAME
- FICTITIOUS NAME SEARCH
- CORP SEARCH

DEPARTMENT OF STATE  
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 (850) 681-6528

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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

American Health Facilities Development LLC

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 TALLAHASSEE FLORIDA

NEW FILINGS	
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- Certificate of FICTITIOUS NAME
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- CORP SEARCH

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 9, 2000

UCC FILING & SEARCH SERVICES

SUBJECT: AMERICAN HEALTH FACILITIES DEVELOPMENT, LLC  
Ref. Number: M98000000757

We have received your document for AMERICAN HEALTH FACILITIES DEVELOPMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the attached form, which is for an LLC. The form you submitted was for a corporation, not an LLC.

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: 300A00025687

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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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: American Health Facilities Development, LLC
2. The mailing address of the limited liability company is : 103 Continental Place, Brentwood, TN 37027

7/13/98  
3. Date of filing/registration in Florida

M9800000757  
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:

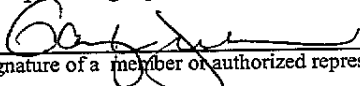
Corporation Service Company  
Name  
1201 Hays Street  
Address  
Tallahassee, FL 32301  
City, State and Zip

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

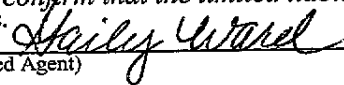
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TALLAHASSEE FLORIDA

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)

Gayle Jenkins, Assistant Secretary  
(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.*

  
(Signature of Registered Agent)

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