CORPORATION (S) NAME VOQUO 00000000000000000000000000000000000		
LHSC, LLC		
		8000047885589 -01/22/0201031025 *****25.00 ******25.00
() Profit () Nonprofit	() Amendment	() Merger () Mark () Other (X) Change of RA
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other (X) Change of RA () UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30. (x) Pick Up
Name Availability	1/22/02	Order#: 5034657
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

W.P. Verifier

Mar

Amount: \$

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: LHSC, LLC		
2. The mailing address of the limited liability	y company is: 103 Powell Court, Suite 200,		
Brentwood, TN 37027	_		
05/11/1999	<u>— M9900000716</u>		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the re Florida Department of State:	egistered office address as shown on the records of the		
Corporation Service (Company		
**************************************	Name		
1201 Hays Street			
	Address		
Tallahassee, FL 3230			
C	ity, State and Zip		
6. The name and address of the new registere	ity, State and Zip ad agent and/or office: The AHARA ARABA		
C T Corporation Syste	m SP 2 T		
C 1 Corporation Syste	Name I Road I Road I Road		
1200 South Pine Island	Road		
	Iress (P.O. Box NOT acceptable)		
Plantation	FL 33324		
Cit	y, State and Zip		
confirmed that after the change or changes are and the business office of the registered agen liability company, it is hereby confirmed that	n		
Manager	. 15 to the		
(Printed or typed name of signee)	ad accept and acress to get in this canacity. I further acress to		
comply with the provisions of all statutes rele and I am familiar with and accept the obliga Chapter 608, F.S. Or, if this document is bei address, I hereby confirm that the limited lia	and agent and agree to act in this capacity. I further agree to active to the proper and complete performance of my duties, tions of my position as registered agent as provided for in ting filed to merely reflect a change in the registered office bility company has been notified in writing of this change. ENNIFE FAILENAN ASSISTALL SECRETARY 6, P.O. Box 6327, Tallahassee, FL 32314		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			
INHS18(10/99) V FI	LING FEE: \$25.00		