

LOS 000037508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

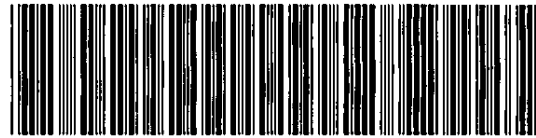
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1688 Medical Lane LLC
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Abigail Walker
(Contact Person)

(Firm/Company)

27606 Wisconsin St.
(Address)

Bonita Springs, FL 34135
(City, State and Zip Code)

For further information concerning this matter, please call:

Abigail Walker at (239) 948-7878
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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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: 1688 Medical Lane, LLC

2. The mailing address of the limited liability company is: 3590 23RD AVE SW
Naples, FL 34117

3. Date of filing/registration in Florida April 15, 2005

4. Document number LOS000037508

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jonathan H. Green + Assoc.
Name
799 Brickell Plaza Suite 700
Address
Miami, FL 33131
City, State and Zip

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

Gary Wilson
Porter Wright Morris + Arthur
Name
5801 Pelican Bay Blvd. Ste 300
Florida street address (P.O. Box NOT acceptable)
Naples FL 34108
City, State and Zip

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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.

Ellsworth E. McIntyre
(Signature of a member or authorized representative of a member)

Ellsworth E. McIntyre
(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]
(Signature of Registered Agent)

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