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# Limited Liability Company

## Statement of Change of

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Known Place of Business, Statutory Agent, or Statutory Agent's Street Address  
or

Change of Address of a Member or Manager  
(A.R.S. §§ 29-605 and 29-605.01)

FILING FEE \$5.00 (A.R.S. § 29-851)

It is important that the information you provide on this form be correct. To obtain the correct information about the Limited Liability Company's current known place of business and statutory agent, consult the Corporations Division's Record Section at (602) 542-3026 or the Division's website at [www.cc.state.az.us/corp](http://www.cc.state.az.us/corp).

1. The exact name of the Limited Liability Company (LLC) currently on file with the Arizona Corporation Commission (ACC) is:

VALLEY ARTHRITIS CARE, LLC

2. The ACC file number is: L096890716

3. The current address of the LLC's known place of business on file with the ACC is:

16409 N 7th DR  
PHOENIX, ARIZONA 85023

4. The name and **street address**\* of the current statutory agent on file with the ACC are:

William J. Howard  
Hahn Howard & Greene, LLP  
3200 N. Central Avenue, Suite 1560  
Phoenix, AZ 85012

5. If the LLC was not organized in Arizona, the address of the office required to be maintained in the state of its organization or, if not so required, of the principal office of the foreign LLC is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is the known place of business in Arizona to be changed?

☒ No. ☐ Yes, and the address of the new place of business is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* **street address** must be a physical address. P.O. box addresses will not be accepted.

LLC Name VALLEY ARTHRITIS CARE, LLC ACC File Number L09686716

7. Is the statutory agent to be changed?

☒ No. ☐ Yes, and the name and **street address\*** of the new statutory agent are:

\_\_\_\_\_  
\_\_\_\_\_

8. Is the street address of the current statutory agent to be changed?

☐ No. ☒ Yes, the new **street address\*** of the current statutory agent is:

William J. Howard

Hahn Howard & Greene, LLP

3216 N. Third Street, 3rd Floor  
Phoenix, AZ 85012

and the statutory agent has given the LLC written notice of this change.

9. Is the address of one or more of the LLC's members or managers to be changed?

☒ No. ☐ Yes. If you checked "yes", you must complete the following information for each member or manager whose address is to be changed:

Name: \_\_\_\_\_, Member or Manager  
(circle one)

<b>Current</b> Address: _____	<b>New</b> Address: _____
_____	_____
_____	_____

Name: \_\_\_\_\_, Member or Manager  
(circle one)

<b>Current</b> Address: _____	<b>New</b> Address: _____
_____	_____
_____	_____

Name: \_\_\_\_\_, Member or Manager  
(circle one)

<b>Current</b> Address: _____	<b>New</b> Address: _____
_____	_____
_____	_____

\* **street address** must be a physical address. P.O. box addresses will not be accepted.

LLC Name VALLEY ARTHRITIS CARE, LLC C File Number L091686714

A.R.S §§ 29-605 and 29-605.01 require that changes to limited liability companies be executed by a member/manager of the LLC.

DATED this 31 day of March, 2005.

Valley Arthritis CARE, LLC

Name of LLC

By [Signature]

William J. Howard  
Print Name

Statutory Agent  
Title

\_\_\_\_\_  
Statutory Agent (must sign only if agent is changing address)

**Acceptance of Appointment  
By Statutory Agent**

(required only if a new statutory agent is being appointed)

The undersigned hereby acknowledges and accepts the appointment as statutory agent of the above-named limited liability company effective this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_