F01000002092

(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
(0.0), 0.00.0,		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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03/23/10--01015--020 **35.00



O John M



FILING REQUEST

March 17, 2010

FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

U.S. HEALTHWORKS HOLDING COMPANY, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK # 33866 FOR \$35.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

PLEASE RETURN TO:

NRAI CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Melissa Hobbs

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes ange is submitted for a corporation organized under the laws of the State of Delaware er to change its registered office or registered agent, or both, in the State of Florida.	<u> </u>	
The name of the corporation: U.S. HealthWorks Holding Company, Inc.			
	l office address: 3440 Preston Ridge Road, Bldg 4, Suite 250		
Alpharetta,			
3. The mailing ac	address (if different):		
4. Date of incorp	poration/qualification: 4/16/2001 Document number: F010000020)92	
5. The name and	d street address of the current registered agent and registered office on file with the artment of State:		
	CT Corporation System		
	1200 South Pine Island Road	1 0	
	Plantation, FL 33324		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	FILED MAR 23 PH 12: 51	
	NRAI Services, Inc.	72: 5	
	2731 Executive Park Drive, Suite 4	· O	
	(P.O. Box NOT acceptable)		
	Weston, FL 33331		
The street addre as changed will	ress of its registered office and the street address of the business office of its regis l be identical.	tered agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.			
Melli	Melissa Hobbs, Secretary (Printed or typed name and title)		
, 5	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete p nd I am familiar with and accept the obligation of my position as registered agen ing filed merely to reflect a change in the registered office address, I hereby conf is been notified in writing of this change.	performance t. Or, if this irm that the	
	S/17/2010 Spature of Registered Agent) S/17/2010		
	ehalf of an entity:		
	nu, Assistant Secretary (Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *