

Division of Corporations

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F12000001804

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

13 APR 24 AM 10:10

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
TC3 HEALTH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

STATE PAINT OF SYSTEM
TALLAHASSEE, FLORIDA

2013 APR 24 PM 3:40

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TC3 Health, Inc.
Name of Corporation

DOCUMENT NUMBER: F1200001804

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

La Sonia Moss
Name of Contact Person
Emdeon
Firm/Company
3055 Lebanon Pike Suite 1000
Address
Nashville, TN 37214
City/State and Zip Code
lmoss@emdeon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

La Sonia Moss at (615) 932-3183
Name of Contact Person Area Code & Daytime Telephone Number

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TC3 Health, Inc.

2. The principal office address: 3055 Lebanon Pike, Suite 1000, Nashville, Tennessee 37214

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/26/2012 Document number: P12000001804

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC.

515 B. PARK AVE.

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

C T Corporation System

c/o C.T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

Denise Ceule
Signature of an officer or director

Denise Ceule, Assistant Secretary
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: CT Corporation System
[Signature]
Signature of Registered Agent

4/22/2013
Date

If signing on behalf of an entity:

CT Corporation System
Typed or Printed Name

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