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To:

Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195

Phone : (850) 521-0821

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REGISTERED AGENT CHANGE HEALTH NETWORK AMERICA, INC.

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5/1/2012

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

statement of cha	nge is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Delaware	
		egistered agent, or both, in the State of Florida.	
1. The name of t	he corporation: HEALTH NETW	ORK AMERICA, INC.	
2. The principal	office address: 745 Hope Road, T	inton Falls, NJ 07724	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12/4/1995	Document number: F9500005877	
	I street address of the current register tment of State:	red agent and registered office on file with the	
	Munroc W. Bradley	7012 SE TAL	
	39 E. Virginia Street	AH H	77
	Tallahassee FL 32301	ARY ASSE	m
6. The name and (if changed):	l street address of the new registered	agent (if changed) and /or registered office 7	D
	Corporation Service Company	TE P	
	1201 Hays Street	••	
	(P.O. Box NOT acce	ptable)	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the st be identical.	treet address of the business office of its registered	agent,
Such change was authorized by the	as authorized by resolution duly ad- he board, or the corporation has been	opted by its board of directors or by an officer so notified in writing of the change.	
Marieran C	2-thelf	Maureen Cathell, Vice President	
` •	are of an officer or director)	(Printed or typed name and title)	
corporation has	the appointment as registered ages to comply with the provisions of all In am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this cho on Service Company	nt and agree to act in this capacity. I statutes relative to the proper and complete perfo e obligation of my position as registered agent. Or in the registered office address, I hereby confirm t ange.	rmance r, if this hat the
	مداز جرمان و معدد آن معداً	4/18/2012	
****	gnature of Registered Agent)	(Date)	
If signing on be	chalf of an entity;		
Grace E. Kirb	y, Assistant Vice President		
(*	Typed or Printed Name)	O EDD: 625 00 + + +	

* * * FTLING FEE: \$35.00 * * *