M03000000970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B. KOHR

SEP 10 2009

EXAMINER

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 121590 5028257

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 25.00

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DIVISION OF CORPORATIONS
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ORDER DATE : September 10, 2009

ORDER TIME : 1:10 PM

ORDER NO. : 121590-010

CUSTOMER NO: 5028257

CHANGE OF AGENT

NAME: ICORE HEALTHCARE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

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. Name of the limited liability company: ICORE Healthcare, LLC

2. (a) Principal office address of limited liability company: 5850 T.G. Lee Boulevard, Suite 510
Orlando, FL 32822
(*Note: MUST BE STREET ADDRESS*)

(b) Mailing address of limited liability company: 6950 Columbia Gateway Drive
Columbia, MD 21046
(*Note: MAY BE POST OFFICE BOX*)

3/26/2003
3. Date of filing/registration in Florida

M03000000970
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CorpDirect Agents, Inc.

Registered Office Address: 515 East Park Avenue
Tallahassee, FL 32301

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(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
Tallahassee, FL 32301
(*MUST BE FLORIDA STREET ADDRESS*)

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.

(Signature of a member or authorized representative of a member)

Green Spring Health Services, Inc., Member
(Printed or typed name of signee) By: Michael P. McQuillen, Assistant Secretary

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.

Corporation Service Company
By: _____ Sonya L. Cordell
(Signature of Registered Agent) Assistant VP

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

INHS18 (05/08)