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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 29 AM 10:21

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

T. HAMPTON

JUN 30 2010

EXAMINER

**To: FL
Corporation Division.**

Re: ACCENTHEALTH LLC

Enclosed please find one Statement of Change form and a check for \$25.00 for the filing fee.

If there are any questions regarding this filing please call Lara Kleinheinz at 1-866-924-9247 ext. 225

Please return all completed documents to:

CTProComply
Attn: Filing Department
8040 Excelsior Drive, Suite 200
Madison, WI 53717

Best Regards,

Filing Department
CTProComply

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: ACCENTHEALTH LLC

2. (a) Principal office address of limited liability company: 5440 Beaumont Center Blvd

(Note: **MUST BE STREET ADDRESS**)

Suite 400
Tampa, FL 33634

(b) Mailing address of limited liability company: 5440 Beaumont Center Blvd

(Note: **MAY BE POST OFFICE BOX**)

Suite 400
Tampa, FL 33634

2/6/2006
3. Date of filing/registration in Florida

M06000000653
4. Document number

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

Registered Agent: CORPORATION SERVICE COMPANY


Registered Office Address: 1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

NEW Registered Agent: C T Corporation System

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 1200 South Pine Island Road
Plantation, FL 33324

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.

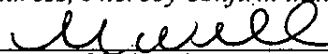


Signature of a member or authorized representative of a member

Ken Clinebell, Manager

Printed or typed name of signee

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.



Signature of Registered Agent
Mark Williams, AVP, C.T. Corporation System

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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