

Division of Corporations

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# P21141

## Florida Department of State Division of Corporations Public Access System

### Electronic Filing Cover Sheet

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

From: Account Name : HARVARD BUSINESS SERVICES, INC.  
 Account Number : I20080000045  
 Phone : (302) 645-7400  
 Fax Number : (302) 336-9724

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DIVISION OF CORPORATIONS  
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### REGISTERED AGENT CHANGE

ARCADIA HEALTH SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED  
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TALLAHASSEE, FLORIDA

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@ 5/8/08

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**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 Michigan in order to change its registered office or registered agent, or both, in the State of Florida.*

- 1. The name of the corporation: ARCADIA HEALTH SERVICES, INC.
- 2. The principal office address: 26777 CENTRAL PARK BLVD. SUITE 200 SUITE 200 SOUTHFIELD MI 48076 US
- 3. The mailing address (if different): 8229 DELEGATES ROW SUITE 260 INDIANAPOLIS IN 46240 US
- 4. Date of incorporation/qualification: 10/03/1988 Document number: P21141
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324 US

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

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
(P.O. Box NOT acceptable)  
Weston, FL 33331

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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.

  
(Signature of an officer or director)

Michelle Motin - 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.*

  
(Signature of Registered Agent)

4/28/08  
(Date)

If signing on behalf of an entity:

Rani Keswani, Assistant Secretary, NRAI  
(Typed or Printed Name)

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

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

CR2B045 (8/05)

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