## P36951

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(0.0)/0.0002.[2.1]
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 milg Officer.

Office Use Only



200013130122

FILED
2003 HAR -3 PM 4: 57
PALLAHASSEE. FLORIDA





ACCOUNT NO. : 072100000032

REFERENCE : 889911 . 5049755

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 13, 2003

ORDER TIME : 12:51 PM

ORDER NO. : 889911-220

CUSTOMER NO: 5049755

CUSTOMER: Ms. Angelia Mcdowell

Choicepoint Inc. 1000 Alderman Drive

Alpharetta, GA 30005

CHANGE OF AGENT

NAME: VITAL CHEK NETWORK, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

anoitanes as as as ableivis Aoiso as as as ableivis Aoiso as as as allat

U3 HVK-3 BH 3: 21

SECEINED

## 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, Flori	•
this statement of change is submitted for a corporation organized under the laws of the State	-
in order to change its registered office or registered agent, or both, of Florida.	
1. The name of the corporation: VITAL CHEK NETWORK, INC.	2003
<u> </u>	<b>* * *</b>
2. The principal office address: 4512 Central Pike, Hermitage, TN 37076	<del>} </del>
	7 7
3. The mailing address (if different): 1000 Alderman Drive, Alpharetta, GA 30005	
	三 三 5
4. Date of incorporation/qualification: December 31, 1991 Document number: P36951	
5. The name and street address of the current registered agent and registered office on file wi Florida Department of State:	th the
CT Corporation System	
1200 South Pine Island Road	
Plantation, FL 33324	
6. The name and street address of the new registered agent (if changed) and /or registered changed):	ed office (if
Corporation Service Company	
1201 Hays Street (P.O. Box or personal mailbox NOT acceptable)	
Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its agent, as changed will be identical.	registered
Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change.	fficer so
(Signature of an Officer, chairman of the board)  Mary M. Young, Assistant Secretar (Printed or typed name and title)	Υ
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 comper performance of my duties, and I am familiar with and accept the obligation of my position registered agent. Or, if this document is being filed merely to reflect a change in the regis office address, I hereby confirm that the corporation has been notified in writing of this ch	olete as tered ange.
Cyntha A. Hours 2/28/03 (Signature of Registered Agent) (Date)	<del></del>
Complete I House	
If signing on behalf of an entity:  as its agent	
(Typed or Printed Name) (Capacity)	<del></del>

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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