

P09096

(Requestor's Name)

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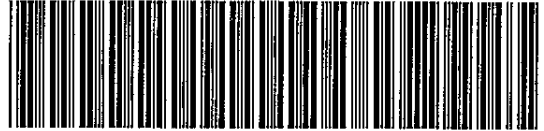
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-23
AL. k. ch.



National Registered Agents, Inc.
... "NRAI, the best choice for statutory representation"

FILING REQUEST

September 9, 2005

FLORIDA SECRETARY OF STATE

Type of Filing: CHANGE OF REGISTERED AGENT
Subject(s): **A4 HEALTH SYSTEMS, INC.**
Form(s) Enclosed: STATEMENT OF CHANGE/ REGISTERED AGENT/OFFICE

Supporting Documents(s): NONE
Check Enclosed: CHECK# 145 FOR \$ 35
Return Via: REGULAR MAIL
Filing Method: ASAP

PLEASE RETURN TO:

NRAI SERVICES, INC
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

PLEASE CALL ME AT: 1 877-261-6823 IF THERE ARE ANY QUESTIONS.

Thank you!

KAREN REDMAN

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A4 Health Systems, Inc.

(Name of corporation)

DOCUMENT NUMBER: P09096

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Redman

(Name of person)

2731 Executive Park Drive Suite 4

(Name of firm/company)

(Address)

Weston, FL 33331

(City/state and zip code)

For further information concerning this matter, please call:

Karen Redman

(Name of person)

at (954) 318-2787

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

1. The name of the corporation: A4 Health Systems, Inc.
2. The principal office address: 5501 Dillard Drive
Cary, NC 275119234
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/14/86 Document number: P09096

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 South Pine Island Road

Plantation, FL 33324

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 or personal mailbox 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.

P. Weishaupt Smith
(Signature of an officer or director)

Petra Weishaupt Smith, CFO
(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.

NRAI Services, Inc.

by: Karen Redman
(Signature of Registered Agent)

9/7/05

(Date)

If signing on behalf of an entity:

Karen Redman
(Typed or Printed Name)

Assistant Secretary
(Capacity)

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

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