(1/2)

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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REGISTERED AGENT CHANGE MEDICAL BUSINESS SERVICE INC

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OCT 0 6 2014

T. CARTER

10/3/2014

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		17.0502, 607.1508, or 617.1508, Florida Statutes, t	his	
		organized under the laws of the State of Florida registered agent, or both, in the State of Florida.		
	the corporation: Medical Business S		•	—
				
11460 N. MI	RIDIAN STREET INDIANAPOLIS	s, IN 46032	-	
3. The mailing	address (if different):			
				<u> </u>
4. Date of incom	poration/qualification: 6/19/1970	Document number: 365895		
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	<u>ီ</u>	TARY
	CORPORATION SERVICE COM	PANY	AH.	- S
	1201 HAYS STREETTALLAHAS	SER, FL 32301		0.1. T.S
			91	PATE OF THE PATE O
				>
6. The name an (if changed):	•	ed agent (if changed) and /or registered office		
	C T Corporation System			
	c/o C T Corporation System, 1200	South Pine Island Road		
	P.O. Box NOT ecceptable			
	Plantation, Florida 33324			
The street addr	ess of its registered office and the l be identical.	street address of the business office of its register	ed agent,	
Such change w authorized by	as authorized by resolution duly a be board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.		
	up of an elficer or director	James Halpin, Vice President Printed of Speed name and title		
	· f			
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of a my dulles, and I am familiar with its document is being filed merely that the corporation has been no	tent and agree to act in this capacity. All statutes relative to the proper and complete In and accept the obligation of my position as regis to reflect a change in the registered office address tifted in writing of this change.	tered 5, I	
By: CT Con	poration System	10/2/2014		
CN	insture of Refistered Agent	Date		
If signing on b	chalf of an entity:	Alfred Younan		
		Assistant Secretary		
7	yped 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
CR2E045 (03/12)