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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850)558-1575

(850)521-10 (850)558-15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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APPROVEL

PECTENTE OF STATE IN THE PROPERTY OF STATE

REGISTERED AGENT CHANGE

FIRST HEALTH SERVICES CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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12/12/1V

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Virginia	·	
	er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: FIRST HEALTH SERVICES CORPORATION		
2. The principal	office address: 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 01/26/1978 Document number: 839906		_
	d street address of the current registered agent and registered office on file with the street of State:		
	NRAI Services, Inc.		
	2731 Executive Park Dr., Ste. 4	SE	9
	Weston, FL 33331	CRE A	8
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	CRETARY O	29
	Corporation Service Company	. F.S	WH IO:
	1201 Hays Street	TATE	(L)
	(P.O. Box NOT acceptable)	95	S)TS
	Tallahassee, FL 32301	,	
The street addr	ess of its registered office and the street address of the business office of its registered a be identical.	gent,	
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.		
No. of the last of	Daniel N. Gregoire, Assistant VP (Printed or typed name and falls)		
I hereby sccem I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete perforn and I am familiar with and accept the obligation of my position as registered agent. Or, ing filed merely to reflect a change in the registered office address, I hereby confirm the s been notified in writing of this change.	nance if this at the	
Corpora	10-29-09		
	Ensive of Registered Agent) (Date) That of an entity:		
	opet, Assistant VP		
(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

CR2E045 (8/05)