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CONTACT PERSON: Troy Todd

			4	
ION SERVICE COMPANÝ: ייביי	î			
	ACCOUNT NO.	:	0721000000	32
~	REFERENCE	:	460604	4352697
	AUTHORIZATION	الاند	No.	·
	COST LIMIT	7	\$ 35.00	
ORDER DATE : E	ebruary 26, 2008	3		
ORDER TIME : 3	1:15 AM			
ORDER NO. : 4	60604-065			
CUSTOMER NO:	4352697			
- 	CHANGE OF A	GEN'	<u>r</u>	
NAME:	KANAWHA HEALTI	-ICAI	RE SOLUTION	S,
CERTIFI	THE FOLLOWING AS TED COPY TAMPED COPY	PRO	OOF OF FILI	NG:

EXAMINER'S INITIALS:

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 Stange is submitted for a corporation organized under the laws of the State of $\frac{\text{Te}}{\text{Te}}$ or change its registered office or registered agent, or both, in the State of Flo	ennessee
	the corporation: KANAWHA HEALTHCARE SOLUTIONS, INC.	
	office address: 4363 North Ocoee St., Suite 1, Cleveland, TN 37312	
3. The mailing a	address (if different): Administrative Address, 210 South White St., Lancaster, SC	29720
4. Date of incor	poration/qualification: May 18, 2000 Document number: F00000002	819
	d street address of the current registered agent and registered office on file with tment of State:	the .
	C T Corporation System	200 TA:
	1200 South Pine Island Road	Z008 FEB SECRET
	Plantation, FL 33324	3 28 TARY
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	PH 2: 21 OF STATE E.F.LORID
	Corporation Service Company	
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street address of the business office of its to be identical.	registered agent,
Such change was	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	fficer so
ya	Joan O. Lenahan Joan O. Lenahan (Printed or typed name and title	VP & Secretari
I hereby accept I further agree of my duties, an document is bei corporation has	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 comply I am familiar with and accept the obligation of my position as registered in giled merely to reflect a change in the registered office address, I hereby been notified in writing of this change. Service Company Change (Date)	,
If signing on be	half of an entity:	
Michelle R. Van	noy, Asst. Vice President	
(1	yped or Printed Name)	

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

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