

F020000003051

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

WCG HEALTH MANAGEMENT, INC.

Certificate of Status	0
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Page Count	023
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September 15, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WCG HEALTH MANAGEMENT, INC.
8735 HENDERSON ROAD
TAMPA, FL 33634

SUBJECT: WCG HEALTH MANAGEMENT, INC.
REF: F02000003051

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Our records reflect the file date as 6/17/2002. Please correct the document in part 4(four).

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H09000200407
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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 Delaware
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WCG Health Management, Inc.
2. The principal office address: 8735 HENDERSON ROAD TAMPA FL 33634
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/17/2002 Document number: F02000003051

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY
1201 HAYS STREET TALLAHASSEE FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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.

[Signature] Tim Light Vice President
Signature of an Officer or director 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.

By: [Signature] Kelly Snedden 9-4-09
Signature of Registered Agent Asst. Secretary Date

If signing on behalf of an entity:

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
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