

FO2000004299

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 913690 4326147

AUTHORIZATION : *Patricia Pigante*

COST LIMIT : \$ 35.00

ORDER DATE : January 30, 2003

ORDER TIME : 10:11 AM

ORDER NO. : 913690-010

CUSTOMER NO: 4326147

CUSTOMER: Mr. Steve Garofalo
Health Management Systems,
401 Park Avenue South

New York, NY 10016

CHANGE OF AGENT

NAME: HEALTH RECEIVABLES MANAGEMENT,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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: HEALTH RECEIVABLES MANAGEMENT, INC.
2. The principal office address: 820 West Jackson Blvd Suite 725
Chicago, IL 60607
3. The mailing address (if different): 401 Park Avenue South
New York, NY 10016
4. Date of incorporation/qualification: 08/22/2002 Document number: F02000004299

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T 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):

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.

Robert M. Holster
(Signature of an officer, chairman or vice chairman of the board)

Robert M. Holster Vice-President
(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.

Carol K. Dolor
(Signature of Registered Agent)

Corporation Service Company

If signing on behalf of an entity:

Carol K. Dolor

(Typed or Printed Name)

Asst. Vice President

(Capacity)

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

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