F02000004844

Division of Corporations

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Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

HEALTHMATICS EMSTAT CORP.

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October 3, 2003

HEALTHMATICS EMSTAT CORP. 5501 DILLARD DRIVE CARY, NC 27511-9234

SUBJECT: HEALTHMATICS EMSTAT CORP.

REF: F02000004841

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

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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,
the undersigned corporation organized under the laws of the State of <u>No</u> submits the following statement in order to change its registered office of the State of Florida.	
1. The name of the corporation: Healthmatics Emerat Corp.	
2. The mailing address of the corporation : 5501 Dillard Drive, Cary, NC 275	511-9234
3. Date of incorporation/qualification: 09/23/2002 Docume	at number: F02000004841
4. The name and address of the current registered agent and office:	
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301-2525	
5. The name and address of the new registered agent (if changed) and/or (P. O. Box Not Acceptable)	registered office (if changed):
C T Corporation System	·
c/o CT Corporation System. 1200 South Pine Island Road,	
Plantation, Florida 33324	
The street address of its registered office and the street address of the bagent, as changed, will be identical.	susiness office of its registered
Such change was authorized by resolution duly adopted by its board of authorized by the board	directors or by an officer so
The short-Sell	- chulos
(Signature of an officer, chairman or vice thairman of the bound)	(Date)
PETRA WEISHAWT - SMITH SKERETARY (Printed or typed hand utile)	
Having been named as registered agent and to accept service of procest corporation, I hereby accept the appointment as registered agent and a I further agree to comply with the provisions of all statutes relative to a performance of my duties, and I am familiar with and accept the children.	ns for the above stated agree to act in this capacity. the proper and complete ation of my position as
CT Composition Ryanger SONNIE BRYAN	<u>-</u>
By: SPECIAL ASSISTANT SECRE	(ACT)
If signing on behalf of an entry:	
(Typod or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 * * *	
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