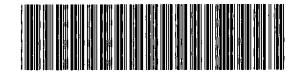
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11 JUN 27 PM 1: 30

R.A. chq. C.COULLIETTE JUN 27 2011

EXAMINER



ACCOUNT NO. : 12000000195

REFERENCE: 819538

7837365

AUTHORIZATION

COST LIMIT :

ORDER DATE: June 21, 2011

ORDER TIME : 9:13 AM

ORDER NO. : 819538-005

CUSTOMER NO: 7837365

CHANGE OF AGENT

NAME:

HEALTHTECH MANAGEMENT

SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, the sized under the laws of the State of Orcgon ered agent, or both, in the State of Florida.	us ———
1. The name of	the corporation: HEALTHTECH MA	NAGEMENT SERVICES, INC.	
2. The principal	office address: 405 Duke Drive Suite	210, Franklin TN 37067	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 01/17/2003	Document number: F03000000259	
	d street address of the current registered a rtment of State:	gent and registered office on file with the	
	NRAI Services, Inc.		.ar.
	515 E. Park Avenue		= Nec
	Tallahassee FL 32301		
6. The name and (if changed):	d street address of the new registered agen	nt (if changed) and /or registered office	JUN 27 PH 1:30
	Corporation Service Company		-: 3
	1201 Hays Street		O C:
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registere	ed agent,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.)
May	ure of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bei corporation has	•	d agree to act in this capacity. utes relative to the proper and complete per igation of my position as registered agent. G e registered office address, I hereby confirm	formance Or, if this 1 that the
By:	(06/20/2011	
Q Si	gnature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
Sylvia Quepp	et, Asst. VP		
(1	Typed or Printed Name)		

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