

F03000000720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

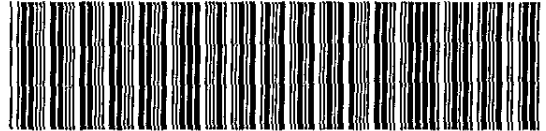
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/23/03--01049--006 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/26
Mc-6108a



FILING REQUEST

September 18, 2003

FLORIDA SECRETARY OF STATE

<i>Type of Filing:</i>	CHANGE OF REGISTERED AGENT
<i>Subject(s):</i>	ARIZANT HEALTHCARE INC.
<i>Form(s) Enclosed:</i>	STATEMENT OF CHANGE OF REGISTERED OFFICE/AGENT
 <i>Supporting Document(s):</i>	 NONE
<i>Check Enclosed:</i>	CHECK #12303 FOR \$35.00
<i>Return Via:</i>	REGULAR MAIL - SASE ATTACHED
<i>Filing Method:</i>	ASAP

PLEASE RETURN TO: PREMIER CORPORATE SERVICES, INC.
590 PARK STREET, SUITE 6
ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Sorman

**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
Minnesota in order to change its registered office or registered agent, or both, in the State
of Florida.*

1. The name of the corporation: Arizant Healthcare, Inc.
2. The principal office address: 10393 W 70th Street, Eden Prairie, MN 55344
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/12/2003 Document number: F03000000720
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
- CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
- NRAI Services, Inc.
526 E. Park Avenue
(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.

Marie B. Humbert
(Signature of an officer, chairman or vice chairman of the board)

Marie B. Humbert, Vice President of Finance
(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.*

[Signature]
(Signature of Registered Agent)

9/18/2003
(Date)

If signing on behalf of an entity:

By: Jackie Sorman

Assistant Secretary

(Typed or Printed Name)

(Capacity)

NRAI Services, Inc.

* * * 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