

F03000004393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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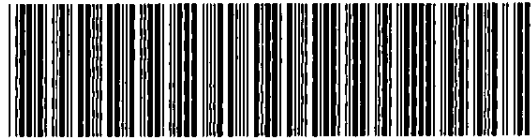
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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11 OCT 31 PM 12:31

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C.COULLIETTE

OCT 31 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 962077 7855486

AUTHORIZATION :

COST LIMIT :

\$ 35.00

ORDER DATE : October 28, 2011

ORDER TIME : 9:32 AM

ORDER NO. : 962077-005

CUSTOMER NO: 7855486

CHANGE OF AGENT

NAME: TRIAD HEALTHCARE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

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

1. The name of the corporation: TRIAD HEALTHCARE, INC.
2. The principal office address: 80 Spring Lane, Plainville, CT 06062
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/29/2003 Document number: F03000004393
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services, Inc.

515 E. Park Avenue

Tallahassee, FL 32301

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 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.

Maureen Cathell
(Signature of an officer or director)

Maureen Cathell, 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.

Corporation Service Company

By: Grace E. Kirby
(Signature of Registered Agent)

October 28, 2011

(Date)

If signing on behalf of an entity:

Grace E. Kirby, Assistant VP

(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

CR2E045 (8/05)

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