## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Far Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-1000 : (850)558-1575 Fax Number

## REGISTERED AGENT CHANGE

IATRIC SYSTEMS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Memi

## 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, Fiorida Statutes, this statement of change is submitted for a corporation or ganized under the laws of the State of <u>Delaware</u>	<u>-</u>
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: IATRIC SYSTEMS, INC.	
2. The principal office address: 27 GREAT POND DR. BOXFORD MA 01921	, <del></del>
3. The mailing address (if different):	
4. Date of incorporation/qualification: 04/14/2004 Document number: F0400002059	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
BUSINESS FILINGS INCORPORATED	2
1203 GOVERNORS SQUARE BLVD SUITE 101	= 
TALLAHASSEE FL 32301-2960 US	֓֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
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	
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, is 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.	
JOEL F BERMAN - PRESIDENT  (Signisture of an officer or director)  JOEL F BERMAN - PRESIDENT  (Printed or typed came and fille)	
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to complete vith the provisions of all statutes relative to the proper and complete performance for my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this locument 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	e 3
By: (Signisture of Registered Agent) (Date)	
f signing on behalf of an entity:	
(Typed or Printed Nams)	
* * * FILING FEE: \$35.00 * * *	