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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY Account Number : 120000000195

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:\_

## REGISTERED AGENT CHANGE CAREONE SERVICES, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502 unge is submitted for a corporation organi	zed under the laws of the State of Mary	land	
·	er to change its registered office or register	-	a.	
1. The name of t	the corporation: CAREONE SERVICE	S, INC.		
2. The principal	office address: 8930 Stanford Blvd., C	olumbia, MD 21045	<u></u>	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 07/20/2004	Document number: F040000040	93	
	d street address of the current registered ag timent of State:	ent and registered office on file with the	:	
•	National Corporate Research, Ltd.,	Inc.		
	515 E Park Ave		≠	
	Tallahassee, FL 32301		最易工	
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	HOEC 29 PM 3: 27	
•	Corporation Service Company		THO W	
	1201 Hays Street		超 2	
	(P.O. Box NOT acceptable)		<u>ت</u> (۱۳	
	Tallahassee, FL 32301			
The street addre	ess of its registered office and the street a be identical.	address of the business office of its reg	istered agent,	
Such change wa	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officified in writing of the change.	er so	
N M. (Signatu	use of an otlicer or director)	Maureen Cathell, Vice President (Printed or typed name and title)		
I hereby accept I further agree to of my duties, and document is beil corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.  On Service Company	l agree to act in this capacity. tes relative to the proper and complete gation of my position as registered age registered office address, I hereby co	e performance ent. Or, if this nfirm that the	
D		December 15, 2011 (Date)		
(Sig	engaire of Relistered Agent)	(Date)		
If signing on be	half of an entity:			
	et, Assistant Vice President			
(1)	yped or Printed Name)	0.025.00 * * *		
* * * FILING FEE: \$35.00 * * *				