3/6/2015 '9: 30: 50 From: No: 850E076380 (1/3) Division of Corporations
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To: Division of Corporations Fax Number : (850)617-6380 MAR 09 2015 R. WHITE R. WHITE To: Division of Corporations Fax Number : C T CORPORATION SYSTEM Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368
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3/6/2015 9:30:57 From: To: 8506176380

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COVER LETTER

TO: Amendment Section Division of Corporations

MedSynergies, Inc.

Name of Corporation

F04000005656 DOCUMENT NUMBER:_____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha Bradley

Name of Contact Person

UnitedHealth Group

Firm/Company

9900 Bren Road East MN008-T502

Address

Minnetonka, MN 55343

City/State and Zip Code

samantha.bradley@uhg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samenthe Bradley	952	936-8954
at	(
Name of Contact Person	Area Code &	2 Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

1. The name of the corporation: MedSynergies, Inc.

2. The principal office address: 909 Hidden Ridge Road Suite 300 Irving, TX 75038

3. The mailing address (if different):_

- 4. Date of incorporation/qualification: 10/05/2004 Document number: F04000005656
- The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

tiple of an officer or direction

Brigid M. Spicola, Assistant Secretary

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 natified in writing of this change.

By:	. I Corporation System	3/3/15	
	Signature of Registered Ageni		Date
If signing		Jeanne Nelson ssistant Secretary	
\mathcal{I}	* * * FILI	NG FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12) cn

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