

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

13 OCT 16 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

RECEIVED  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE  
MEDICREDIT, INC.

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

C. LEWIS  
OCT 16 2013  
EXAMINER

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Corporate Filing Menu

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10/16/2013 13:34:42 From: To: 8506176380.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: MediCredit, Inc.
2. The principal office address: \_\_\_\_\_  
3620 I-70 Dr, SE, Suite C, Columbia, MO 65201
3. The mailing address (if different): \_\_\_\_\_  
Three Cityplace Drive, Ste. 690, St. Louis, MO 63141
4. Date of incorporation/qualification: 11/12/2004 Document number: F04000006460
5. 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 32301-2525
6. The name and street address of the new registered agent (if changed) and/or registered office  
(if changed):  
C T Corporation System  
1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, FL 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.

  
\_\_\_\_\_  
Signature of an officer or director

Michael A. DiMarco, 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.*

  
\_\_\_\_\_  
Signature of Registered Agent

10/15/2013

Date

If signing on behalf of an entity:

Nathan S. Giffin Asst. Secretary

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 (03/12)