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## Florida Department of State Division of Corporations

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Division of Corporations

2 (850)205-0380 Fax Number

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850) 222-1092 : (850)878-5925 Fax Number

## REGISTERED AGENT CHANGE

HEALTHSHARE TECHNOLOGY, INC.

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

statement of c	he provisions of sections 607.0502, 617 0502, 607.1508, or 617 1508, Florida ( change is submitted for a corporation organized under the laws of the State of _ rder to change its registered office or registered agent, or both, in the State of F	Delaw		
I. The name of	of the corporation: HealthShare Technology, Inc.			
	oal office address: 360 Massachusetts Avenue, Acton, MA 01720			
3. The mailing	g address (if different): c/o Emdeon Corporation, 669 River Drive, Center 2, Elm	wood Par	k, NJ 0	7407
4. Date of ince	orporation/qualification: February 4, 2005 Document number:	F050000	000685	
	and street address of the current registered agent and registered office on file wit partment of State:	th the		
	Louise M. Hatch	_		
	11336 Woodland Waters Blvd.			
	Weeki Wachec, FL 34613	<b>¥</b> E	05	
5. The name a (if changed)	nd street address of the new registered agent (if changed) and /or registered offi :	(n)	OCT 21	1
	C T Corporation System	,371S	24	
	c/o C T Corporation System, 1200 South Pine Island Road	E	12:	
	(PO Box NOT acceptable)		35.	To star of
	Plantation, Florida 33324	>	1,71	
Such change voluthorized by	ress of its registered office and the street address of the business office of its libe identical.  was authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change.			at,
	there of an explication of the entropy of the entro			
hereby acceptively acception for the following the followi	of the appointment as registered agent and agree to act in this capacity, e to comply with the provisions of all statutes relative to the proper and com and I am familiar with and accept the obligation of my position as registered sing filed mayely to reflect a change in the registered office address, I hereby as been notified in writing of this change.	plete per agent. v confirm	forman Or, if the or that the	ice his ke
Solm	Delgal 10/18/05		<del></del>	_
e f signing on b	chalf of an entity:			
	Schar Diadvel Vice President *** FILING FEE: \$35.00 ***			
	arranted 1.3010* frances			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)