## F05000003979

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ACCOUNT NO. : I2000000195

REFERENCE : 600784

7765516

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: December 7, 2010

ORDER TIME : 2:54 PM

ORDER NO. : 600784-184

CUSTOMER NO: 7765516

## CHANGE OF AGENT

NAME:

INTERNATIONAL HEALTHCARE

RECRUITERS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, ized under the laws of the State of Delawa								
	er to change its registered office or registe									
1. The name of	the corporation: HEALTHCARE REC	RUITERS OF FT LAUDERDALE, I	NC.							
2. The principal	office address: 12400 High Bluff Driv	e, Attn: Legal Dept., San Diego, CA	92130							
			<u></u>							
3. The mailing a	address (if different):									
4. Date of incorp	poration/qualification: 07/11/2005	Document number: F05000003979								
	d street address of the current registered ag rtment of State:	ent and registered office on file with the								
	NRAI Services, Inc.									
	2731 Executive Park Drive, Suite 4									
	Weston, FL 33331									
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Corporation Service Company										
	Corporation Service Company		PILE 22 DEC 22							
	1201 Hays Street		THE REST							
	(P.O. Box NOT acceptable)		PO1 5							
	Tallahassee, FL 32301		ARIE ARIE							
_		address of the business office of its register								
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer ified in writing of the change.	so							
Den	reather the	Blanca Lozada, Attorney in Fact								
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered agent and to comply with the provisions of all status of I am familiar with and accept the oblight of the provision of the oblight of the merely to reflect a change in the been notified in writing of this change.	(Printed or typed name and title) I agree to act in this capacity, tes relative to the proper and complete pe gation of my position as registered agent, registered office address, I hereby confir	erformance Or, if this om that the							
By: X	on Service Company	December 8, 2010								
(Sig	mature of Registered Agent)	(Date)								
If signing on bel	half of an entity:									
	y, Assistant VP									
(T)	'yped or Printed Name)									
	* * * FILING FEE	E: \$35.00 * * *								

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)