

F06000001741

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302)531-0855
Fax Number : (866)223-0765

REGISTERED AGENT CHANGE

HEALTHPLEX I.P.A., INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED
07 APR 26 AM 8:00
DIVISION OF CORPORATION

FILED
07 APR 26 AM 1:12
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TALLAHASSEE FLORIDA

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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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: HEALTHPLEX I.P.A., INC.
2. The principal office address: 333 Earle Ovington Boulevard, Suite 300, Uniondale, NY 11553-3608
3. The mailing address (if different): Same as above.
4. Date of incorporation/qualification: March 17, 2008 Document number: F08000001741
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Interstate Document Filings Incorporated
1574 Village Square Boulevard, Suite 100
Tallahassee, Florida 32309

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

Interstate Document Filings Incorporated
1540 Glenway Drive
(P.O. Box NOT acceptable)
Tallahassee, Florida 32301

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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] (Signature of Director) Martin Kane - Pres (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] (Signature of Registered Agent) APR 25 2007 (Date)

If signing on behalf of an entity:

Marge O. Grimaldi, President (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 (8/05)

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