

Apr 26, 2007 10:29AM
Division of Corporations

Incorporating Services, LTD.

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FO600002203

Florida Department of State
Division of Corporations
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To:

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From:

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

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REGISTERED AGENT CHANGE

HEALTHPLEX MANAGEMENT SERVICES, INC.

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

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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 MANAGEMENT SERVICES, 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: April 8, 2006 Document number: F06000002203

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

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.

x [Signature]
(Signature of an officer or 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
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