F06000004023

(Re	equestor's Name)	,			
(Ac	idress)				
(Ac	ldress)	_			
(Ci	ty/State/Zip/Phor	ne #)			
PICK-UP	WAIT	MAIL			
(Bu	usiness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					

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ION SENVICE COMPANY.				
	ACCOUNT NO.	:	072100000	032
	REFERENCE	:	234437	109186B
	AUTHORIZATION	:	. 1	~ 0
	. COST LIMIT	:	\$ 35	Milenan
ORDER DATE : S	eptember 19, 20	07		
ORDER TIME :	9:46 AM			
ORDER NO. : 2	34437-825			
CUSTOMER NO:	109186B			
	CHANGE OF A	GEN	<u>T</u>	·
NAME :	PHYSICIAN PRA	CTI	CE SUPPORT	,
	INC.			
PLEASE RETURN T	HE FOLLOWING AS	PR	OOF OF FIL	ING:
3 CERTIFI XX PLAIN S	ED COPY TAMPED COPY			
CONTACT PERSON:	Harry B. Davi	s		

EXAMINER'S INITIALS:

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

statement of chai	nge is submitted for a corporation organiz	e, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of Tennessee red agent, or both, in the State of Florida.	
1. The name of t	he corporation: PHYSICIAN PRAC	CTICE SUPPORT, INC.	
2. The principal	office address: 4000 Meridian Blvd	d., Franklin, TN 37067	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/08/2006	Document number: F0600004023	
	street address of the current registered ag tment of State:	ent and registered office on file with the	
	NRAI Services, Inc.		
	2731 Executive Park Drive		-
	Weston, FL 33331	TAU	. 01
6. The name and (if changed):	street address of the new registered agent	t (if changed) and /or registered office	OT OCT -1
	Corporation Service Company		海里
	1201 Hays Street		YPFSTAI YPFSTAI
	(P.O. Box NOT acceptable)		SE O
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered ag	ent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
- Clare	ire of an officer or director)	Elizabeth A. Dawson, Attorney In Fa	act
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obli- ing filed merely to reflect a change in the s been notified in writing of this change.	d agree to act in this capacity, ites relative to the proper and complete perform, igation of my position as registered agent. Or, if e registered office address, I hereby confirm that	ance this t the
By:	tion Service Company	09/11/2007	
- Oi	gnature of Kigistered Agent)	(Date)	
If signing on be	chalf of an entity:		
	Opet, Asst. Secretary Typed or Printed Name)		
,	* * * FILING FE	CE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314