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: C T CORPORATION SYSTEM

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## REGISTERED AGENT CHANGE

MANAGED CARE OF AMERICA, INC.

Certificate of Status	0
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CT CORPORATION SYSTM

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

Fursuant 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 Pennsylvania in codes to change its reciproral affect or registered agents on host in the State of Florida.
in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: Managed Care of America, Inc.
2. The principal office address: 820 PARISH ST PITTSBURGPA 15220
to the principal armic stations.
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/12/2006 Document number: F06000004681
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525 US
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
(P.O. Box. NOT acceptable)
Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent, is 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.
Steven Zimmer Sec.
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all stances relative to the proper and complete performance if my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this locument is being filed merely to reflect a change in the registered affice address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
f signing on behalf of an entity:
Curt Kreisel, Ast. Sec.
(Typed or Pfinted 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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PL 806 - 00/14/2005 (2 T Symon Calles