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Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

NORTHLAND HEARING CENTERS, INC.

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

1. The name of the corporation: Northland Hearing Centers, Inc.
2. The principal office address: 6425 Flying Cloud Drive, Eden Prairie, MN 55344
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/25/2006 Document number: F06000004898
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T CORPORATION SYSTEM

1200 S. PINE ISLAND RD.

PLANTATION FL 33324

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

Business Fillings Incorporated

1203 Governors Square Blvd., Suite 101

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 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.

Susan Mussell
(Signature of an officer, chairman or vice chairman of the board)

Susan Mussell, Secretary
(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. • On, 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)

3/27/08
(Date)

If signing on behalf of an entity:

Business Fillings Incorporated, Mark Williams

(Typed or Printed Name)

A.V.P.

(Capacity)

*** FILING FEE: \$35.00 ***

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

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