F06000005213

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COVER LETTER

TO: Amendmen Division of	t Section Corporations			
SUBJECT: Ancil	lary Management Solutions (Name of Cor			
DOCUMENT NU	MBER: F06000005213			
The enclosed Stater	nent of Change of Registered Office/	Agent and fee are submitted for filing.		
Please return all cor	respondence concerning this matter to	o the following:		
PETER F. SOUZA				
(Name of Contact Person)				
NIDAL CEDVICES INC				
NRAI SERVICES, INC. (Firm/Company)				
2731 EXECUTIVE PARK DRIVE, SUITE 4 (Address)				
	WESTON, FL 33331			
	(City/State and	Zip Code)		
For further information concerning this matter, please call:				
	PETER F. SOUZA ne of Contact Person)	at (_877) 261-6823 X 1759 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00	check made payable to the Departm	ent of State.		
	Mailing Address:	Street Address:		
	Amendment Section	Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

1. The name of the corporation:		Ancillary Management Solutions, Inc.		
4345 Sout	thpoint Boulevard, Jacksonville,			
3. The mailing	address (if different):			
4. Date of incom	rporation/qualification: 4/27/1983	Document number: G36074		
5. The name an		stered agent and registered office on file with the		
	C T CORPORATION SYS	STEM		
	1200 S. PINE ISLAND RC	DAD		
	PLANTATION, FL 33324			
6. The name an (if changed):		red agent (if changed) and /or registered office		
	NRAI Services, Inc.	all the same		
	2731 Executive Park D	Orive, Suite 4		
	Weston, FL 33331	(Comptable)		
\	ress of its registered office and the	adopted by its board of directors or by an officer so been notified in writing of the change.		
- Control of the cont	and conformation has t	Peter F. Souza, Vice President		
(Signa	iture of an officer or director)	(Printed or typed name and title)		
I hereby accep I further agree of my duties, a document is be corporation ho	of the appointment as registered as to comply with the provisions of and I am familiar with and accept eing filed merely to reflect a changes been notified in writing of this case.	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.		
X	tie-	2/16/10 (Date)		
(S	Signature of Registered Agent)	/ (Date)		
lf signing on b	pehalf of an entity:			
	DMAN, ASSISTANT SECRETARY			
	(Typed or Printed Name)			

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