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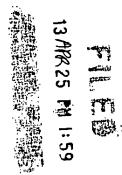
(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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04/25/13--01030--001 **35.00



RA Change

5/2/13



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: April 23, 2013

Order#: 610552-011

Re: ANCILLARY MANAGEMENT SOLUTIONS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX ___ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orgo r to change its registered office or regis	unized under the laws of the State of	Tennes		_
1. The name of t	he corporation: ANCILLARY MANAGE	MENT SOLUTIONS, INC.			
2. The principal	office address: 4345 Southpoint Bouler	vard, Jacksonville, FL 32216			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 05/08/2006	Document number: F06000	005213		
	street address of the current registered timent of State: (If resigned, enter resign	<u> </u>	ith the		
	NRAI Services, Inc.				
	515 E. Park Avenue				
	Tallahassee, FL 32301			ಷ	
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registered of	fice	13 MPR 25	
	Corporation Service Company				
	1201 Hays Street			:: ::	
	P.O. Box NO Tallahassee, FL 32301	VT acceptable		9	
The street addre	ss of its registered office and the stree be identical.	t address of the business office of it	ts registe	red ag	ent,
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been n	d by its board of directors or by an otified in writing of the change.	officer s	o	
() 6 2 2	Dona Priebe, Vice President			
Signatui	re of an officer or director	Printed or typed name and tit	le		_
I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent at o comply with the provisions of all stamy duties, and I am familiar with and is document is being filed merely to rejust the corporation has been notified n Service Company	tutes relative to the proper and con accept the obligation of my position flect a change in the registered offic	n as regi	stered ss, I	
By: Dra	co Cokubie	April 15, 2013			_
Sigr	nature of Registered Agent	Date			
If signing on bel	half of an entity:				
Grace E. Kirby,	Assistant Vice Presidetn				
Ту	ped or Printed Name				

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