

To: 5/07/2008

2008-05-07 20:19:01 (GMT)

3369724 From Rani K. S. Sani

Division of Corporations

Page 1 of 1

F06000005719

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : 120080000045  
Phone : (302) 645-7400  
Fax Number : (302) 336-9724

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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REGISTERED AGENT CHANGE

ARCADIA HEALTHCARE SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

R.A. / R.O. / chg  
@ 5/7/08

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

1. The name of the corporation: Arcadia Healthcare Solutions, Inc.  
 2. The principal office address: 9029 Delacorte Row, Suite 260,  
Indianapolis, Indiana 46240  
 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/01/2008 Document number: F08000005719  
 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LARRY R KUHNERT

405 5TH AVENUE SOUTH, SUITE 6

Naples, FL 34102

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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.

  
(Signature of an officer or director)

Michelle Molin  
(Printed or typewritten 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. Or, 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 of Registered Agent)

Rani Keswani - Assistant Secretary NRAI  
(Date)

If signing on behalf of an entity:

Rani Keswani, Assist. Secretary, NRAI  
(Typed or Printed 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  
 CR2B045 (3/05)

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