(1/3)

**Division of Corporations** 

# F06000007181

Page 1 of 1

### Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCAC00000023 Phone : (850)222-1092 : (850)878-5368 Fax Number

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Email Address:

#### REGISTERED AGENT CHANGE MEDTRAC SOLUTIONS, INC.

Certificate of Status	0
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Page Count	03
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NOV 18 2014

T. CARTER

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11/17/2014

#### COVER LETTER

TO;	Amendment Section Division of Corporations					
SUBJ	MEDITAC SOLUTIONS, INC.					
SUDJ	Name of Corporation					
DOC	F06000007181 JMENT NUMBER:					
The er	sclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
	return all correspondence concerning this matter to the following:					
	Shanna Louess					
	Name of Contact Person					
	CT/NRAI Corporate Services, Inc.					
	Firm/Company					
120 S. Central Ave., Ste 400						
	Address					
	Clayton, MO 63105					
	City/State and Zip Code					
	medirac@bell*south.net					
	E-mail address: (to be used for future annual report notification)					
For ft	rther information concerning this matter, please call:					
Jennit	er Kellsy 615 849-8303					
	Name of Contact Person Area Code & Daytime Telephone Number					
Enclo	sed is a \$35.00 check made payable to the Department of State.					
	Malling Address: Amendment Section  Street Address: Amendment Section					
	Division of Corporations  Division of Corporations  Division of Corporations  Cliffor Publishing					
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					
	Taliahassee, FL 32301					

CR2E045 (03/12)

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Teamcsso:		
	er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: MEDTRAC SOLUTIONS, INC.		_
2. The principal	714 Parish Charact Charact Charact Character C		•
3. The mailing a	eddress (if different);		•
4. Date of incom	poration/qualification: 11/16/2006 Document number: P06090007181		
5. The name and	i street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)		
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	FLANTATION, FL 33324	1′	TA <sub>S</sub>
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	AON 4	ECRETA LLAHA
	NRAI Services, Inc.	7	ARY TIL
	1200 South Pins Island Road	A	
	P.O. Box NOT acceptable Plantation, Florida 33324	AM 10: 1	STAT LORI
The street address changed will	es of its registered office and the street address of the business office of its registered agent be identical.	7	D Ei
	es authorized by resolution duly adopted by its buard of directors or by an officer so see board or the corporation has been notified in writing of the change.		
-Jun	Timothy Kelley, President		
	the appointment as registered agent and agree to act in this capacity. To commy with the provisions of all statutes relative to the proper and complete They dulies, and I am familiar with and accept the obligation of my position as registered To document is being filed merely to reflect a change in the registered office address, I That the carporation has been notified in writing of this change.		
Dur All	SCO A SHOULA 11/17/2014  Date  Date		
If signing on be	half of an entity:		
	ann, Asst. Secretary		

\* \* \* FILING FEE: \$35,00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2ED45 (03/12)