

FO7000004005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

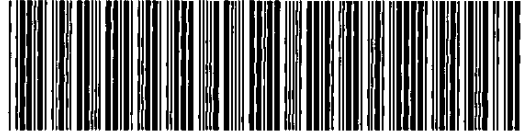
(Document Number)

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Certificates of Status \_\_\_\_\_

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Change

RECEIVED  
08 JAN -9 AM 10:42  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2008 JAN -9 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2/11



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 282892 5172651

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 35.00

ORDER DATE : October 22, 2007

ORDER TIME : 10:10 AM

ORDER NO. : 282892-160

CUSTOMER NO: 5172651

CHANGE OF AGENT

NAME: INFOCROSSING HEALTHCARE  
SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX' PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. The name of the corporation: INFOCROSSING HEALTHCARE SERVICES, INC.
2. The principal office address: 14055 Riveredge Drive, Suite 450, Building 3,  
Tampa, FL 33637
3. The mailing address (if different):  
2 Christie Heights Street, Leonia, NJ 07605
4. Date of incorporation/qualification: 08/08/2007 Document number: F07000004005
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 Road

Plantation, FL 33324

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

Corporation Service Company

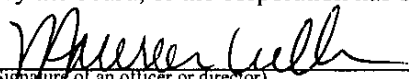
1201 Hays Street

(P.O. Box 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.

  
(Signature of an officer or director)

Maureen Cullen, Attorney in Fact

(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. 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.*

**Corporation Service Company**

By:   
(Signature of Registered Agent)

January 7, 2008

(Date)

If signing on behalf of an entity:

Sylvia Queppet, Asst. VP

(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

CR2E045 (8/05)

**FILED**  
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