

F07000004005

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000095454 3)))



H090000954543ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

FILED
 2009 APR 21 PM 3:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

RECEIVED
 2009 APR 21 AM 8:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
INFOCROSSING HEALTHCARE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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 DR., STE. 450, BLDG. 3 TAMPA FL 33637

3. The mailing address (if different): 2 CHRISTIE HEIGHTS STREET LEONIA NJ 07605

4. Date of incorporation/qualification: 08/08/07 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: (if resigned, enter resigned)

Corporation Service Company

1201 HAYS STREET TALLAHASSEE FL 32301-2525

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

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.

Anthony J. Causti
(Signature of an Officer or Director)

Anthony J. Causti, Vice President
(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.

By: Megan G. Ware
(Signature of Registered Agent) Assistant Secretary

4/13/09
(Date)

If signing on behalf of an entity:

(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
2009 APR 21 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA