

F07000006349

(Requestor's Name)

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R.A. Chg.
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OCT 11 2011
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 939852 7850888

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : October 10, 2011

ORDER TIME : 9:44 AM

ORDER NO. : 939852-034

CUSTOMER NO: 7850888

CHANGE OF AGENT

NAME: THE RISK MANAGEMENT AND
PATIENT SAFETY INSTITUTE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

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

1. The name of the corporation: THE RISK MANAGEMENT AND PATIENT SAFETY INSTITUTE, INC

2. The principal office address: _____
6215 W. Street Joseph Hwy., Lansing, MI 48917

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/31/2007 Document number: F07000006349

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Business Filings Incorporated

1203 Governor's Square Blvd., Suite 101

Tallahassee, FL 32301-2960

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

Corporation Service Company

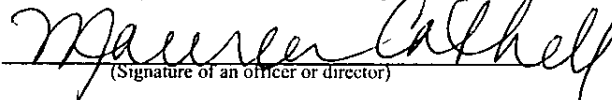
1201 Hays Street

(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.

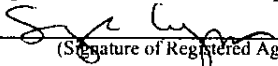

(Signature of an officer or director)

Maureen Cathell, 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.

Corporation Service Company

By: 

(Signature of Registered Agent)

October 6th 2011

(Date)

If signing on behalf of an entity:

Sylvia J. Queppct, Asst. Vice President

(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

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