

Division of Corporations

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F08000000534

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 : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
INTELLIGENT HOSPITAL SYSTEMS LTD. INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

C. LEWIS
FEB 20 2014

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2/19/2014 12:57:43 From: To: 8506176380

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTELLIGENT HOSPITAL SYSTEMS LTD. INC.

Name of Corporation

DOCUMENT NUMBER: F08060000334

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy Gregg

Name of Contact Person

Intelligent Hospital Systems, Inc.

Firm/Company

96 Nature Park Way

Address

Winnipeg, Manitoba, Canada

City/State and Zip Code

CGregg@intelligenthospitalists.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Healy

612

852-1285

Name of Contact Person

at

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2ED45 (03/12)

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AND
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(3/3)

14 FEB 19 AM 9:45

SECRETARY OF STATE

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 617.1509, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Canada in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INTELLIGENT HOSPITAL SYSTEMS LTD. INC.
2. The principal office address: 96 NATURE PARK WAY
WINNIPEG, MB R3P 0-X8 CA
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/31/2008 Document number: P08000000534
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)

Bruce Brickson2955 North Beach Road B621Engelwood, FL 34226

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

CT Corporation Systemc/o CT Corporation System, 1200 South Pine Island RoadP.O. Box NOT acceptablePlantation, 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.

Signature of an officer or director

Cathy Gregg, Manager, Human Resources

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: CT Corporation SystemMichele Miller2/19/14

Signature of Registered Agent

Assistant Secretary

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

CR2E041 (03/12)