

FD8000001305

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

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

Email Address: \_\_\_\_\_

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10 JUN 14 PM 2:55

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**REGISTERED AGENT CHANGE  
CARDIONET, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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2010 JUN 14 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*LA to chy*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_  
F0800001305

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:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

nicole.bigham@cardionet.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
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 (8/05)

**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: Cardionet, Inc.
2. The principal office address: 227 Washington Street, Conshohocken PA 19428
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/24/2008 Document number: F0800001305
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.

[Signature]  
Signature of an officer or director

Gregory A. Blackburn, 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: C T Corporation System  
[Signature]  
Signature of Registered Agent

6-11-2010  
Date

If signing on behalf of an entity:

STEVEN P. ZIMMER  
SPECIAL ASSISTANT SECRETARY  
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  
10 JUN 14 PM 2:55  
TALLAHASSEE, FLORIDA

**POWER OF ATTORNEY**

NOTICE IS HEREBY GIVEN THAT CardioNet, Inc, a corporation formed under the laws of the state of Delaware, does hereby appoint Steven Zimmer and Gregory Blackburn, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the corporation to act for the corporation and in the corporation's name for the limited purposes authorized herein.

The corporation, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the corporation's registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the corporation. The attorney-in-fact will not make such changes without the prior approval of the corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Steven Zimmer and Gregory Blackburn shall exercise the power of Vice President, Secretary and/or Manager/Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this  
10<sup>th</sup> day of June, 2010

CardioNet, Inc.  
A Delaware corporation

By: [Signature]  
Name: Matthew Gertz  
Title: Chief Executive Officer

State of Pennsylvania  
County of Montgomery

On 6/10/10, before me, the undersigned, a Notary Public in and for said State, personally appeared Matthew Gertz, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal  
Notarial Seal  
Nancy A. Corrigan, Notary Public  
Conshohocken Boro, Montgomery County  
My Comm. Expires Dec. 12, 2011  
Member, Pennsylvania Association of Notaries