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APR 2 4 2012 C. MUSTAIN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 161545_

7110150

AUTHORIZATION

COST LIMIT :

ORDER DATE: April 9, 2012

ORDER TIME : 9:26 AM

ORDER NO. : 161545-047

CUSTOMER NO: 7110150

CHANGE OF AGENT

NAME: DIVERSIFIED CLINICS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for a corporation organiz	ed under the laws of the State of Delaware
	to change its registered office or register	•
1. The name of the	ne corporation: DIVERSIFIED CLINI	CS, INC.
2. The principal of	office address: 4500 Salisbury Road, S	uite 300, Jacksonville, FL 32216
		
3. The mailing ac	ddress (if different):	
		1 Specific
4. Date of incorp	oration/qualification: 06/30/2009	Document number: F09000002238
5. The name and Florida Depart	street address of the current registered agement of State:	ent and registered office on file with the
	C T Corporation System	7 P
	1200 South Pine Island Road	
	Plantation, FL 33324 US	AJE RIDA
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
•	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address as changed will l	ss of its registered office and the street as be identical.	ddress of the business office of its registered agent,
Such change was authorized by the	s authorized by resolution duly adopted e board, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.
Klaus	e of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)
I hereby accept t I further agree to of my duties, and document is bein corporation has	ha appointment as registered agent and	•
By: 04/04/2012		
•	afture of Registered Agent)	(Date)
If signing on beh	alf of an entity:	
	awson, Asst. Vice President	
(Ty	ped or Printed Name)	

* * * FILING FEE: \$35.00 * * *