

4/24/2013 11:27:09 From: To: 8506176680

Division of Corporations

( 1/3 )

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**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 : PCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

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

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

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13 APR 24 AM 10:10

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
TC3 HEALTH, INC.**

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

STATE PAID BY STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TC3 Health, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F12000001804

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:

La Sonia Moss

Name of Contact Person

Emdeon

Firm/Company

3055 Lebanon Pike Suite 1000

Address

Nashville, TN 37214

City/State and Zip Code

lmoss@emdeon.com

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

For further information concerning this matter, please call:

La Sonia Moss

615

932-3183

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

# 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: TC3 Health, Inc.
2. The principal office address: 3055 Lebanon Pike, Suite 1000, Nashville, Tennessee 37214
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/26/2012 Document number: P12000001804
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)

NRAI SERVICES, INC.

515 B. PARK AVE.

TALLAHASSEE, FL 32301

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.

Denise Ceule  
Signature of an officer or director

Denise Ceule, Assistant Secretary  
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 System  
Signature of Registered Agent

4/22/2013  
Date

If signing on behalf of an entity:

CT Corporation System  
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 (03/12)

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2013 APR 24 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA