## 000005675 ACCESS, 1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303 INC. P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (808) 969-1666. Fax (850) 222-1666 CERTIFIED COPY (CORPORATE NAME & DOCUMENT #) 8.) \_\_\_\_\_(CORPORATE NAME & DOCUMENT #) (CORPORATE NAME & DOCUMENT #) 10.) \_\_\_\_\_(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS\_

## 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, the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: HealthCorp of Tennessee, Inc.
2. The mailing address of the corporation is: 735 Broad Street, Suite 900, James Building
Chattanooga, Tennessee 37402
3. Date of incorporation/qualification: June 5, 1992 Document number: F94000005675
4. The name and address of the current registered agent and office:
Capital Connection, Inc. Resigned 1/21/98
Tallahassee, FL 32301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
NRAI Services, Inc.
526 East Park Avenue
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.
(Signature of Am officer, chairman or vice chairman of the board) (Date)
(Signature of an officer, chairman or vice chairman of the board) (Date)
Roger W. Glass, President 2-1-98
(Printed or typed name and title) (Date)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
19UIAN 3-3-98
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Douglas W. Junker Assistant Secretary (Typed or Printed Name) (Capacity)