

# F95000001105

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H08000275225 3)))



H080002752253ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

08 DEC 17 AM 8:34

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RECEIVED

2008 DEC 17 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE**

**SOLIANT HEALTH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RA/Rd/chg  
@ 12/17/08

Electronic Filing Menu

Corporate Filing Menu

Help

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 Georgia  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sollant Health, Inc.
2. The principal office address: 1 Independent Dr. 8th Floor, Jacksonville FL 32202
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/10/1995 Document number: F95000001165
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 St.

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.

Melvin Maldonado  
(Signature of an officer or director)

Melvin Maldonado Attorney in fact  
(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.

CT Corporation System  
By Madonna Cuddihy  
(Signature of Registered Agent)

12-9-2008  
(Date)

If signing on behalf of an entity:

Madonna Cuddihy  
(Printed or typed name)  
**Special Assistant Secretary**

\*\*\* 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 (3/03)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC 17 AM 8:34