F95000001999



National Registered Agents, Inc.

... "NRAI, the best choice for statutory representation"

August 21, 2000

Office of the Florida Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE:

HEALTHCARE AUTOMATION, INC.

Florida Change of Agent

900033282589--5 -09/06/00--01013--009 *****35.00 *****35.00

Dear Sir/Madam,

For the purposes of changing the registered agent and registered office of the above captioned corporation, enclosed herewith, in duplicate, is a Statement of Change of Registered Officeand/or Registered Agent accompanied by our check in the amount of \$35.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed Business Reply Envelope.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Juanita Mahoney National Registered Agents, Inc.

RA Chg.



STÂTEMENT 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 Delawate
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: HEALTHCARE AUTOMATION, INC.
2. The mailing address of the corporation is: 467 Point Street, Suite 3A, Providence, RI 02903
2374 Post Rd. Warwick RI 02886
3. Date of incorporation/qualification: 4/13/1995 Document number: F95000001999
4. The name and address of the current registered agent and office:
Section 2 and 2 an
Corporation Information Services, Inc.
1201 Havs Street
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 an officer, chairman of the board) (Date) Randall Anal President (Hrinted or typed name and title)
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.
NRAI Sarvices, Inc.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(7/97)