

ACCOUNT NO.

072100000032

REFERENCE

838985

4319227

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE :

September 21, 2000

ORDER TIME :

10:57 AM

ORDER NO. :

838985-105

900003406489--0

CUSTOMER NO:

- 4319227

CUSTOMER:

Joan Lancellot, Legal Asst

Spherion Corporation 2050 Spectrum Boulevard

Fort Lauderdale, FL 33309

CHANGE OF AGENT

NAME:

HEALTHTASK CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

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

| | ne provisions of sections 607.0502, 617.0502, 60 | |
|--|---|--|
| - | d corporation organized under the laws of the Stat | • |
| - | llowing statement in order to change its registere | d office or registered agent, or both, in |
| the State of Flo | | |
| 1. The name of | of the corporation is: HEALTHTASK CORPORATION | |
| | | |
| 2. The mailing | g address of the corporation is: | |
| 2050 SPE | CTRUM BOULEVARD, FORT LAUDERDALE, FLORIDA 3: | 33'09 |
| 3. Date of inco | orporation/qualification: JANUARY 11, 1996 | Document number: F96000000202 |
| 4. The name a | nd address of the current registered agent and offic | e: |
| | C T CORPORATION SYSTEM | · · · · · · · · · · · · · · · · · · · |
| | 1200 SOUTH PINE ISLAND ROAD | |
| | PLANTATION, FLORIDA 33324 | 3 7 7 |
| 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) | | |
| | Corporation Service Company | The B do |
| | 1201 Hays Street | |
| | Tallahassee, Florida 32301 | |
| The street addragent, as change | ress of its registered office and the street address ged, will be identical. | of the business office of its registered |
| Such change wanthorized by t | vas authorized by resolution duly adopted by its l he board. | poard of directors or by an officer so |
| 200 | lales | 9/20/00 |
| (Signatu | re of an officer, chairman or vice chairman of the board) | (Date) |
| LISA G. IGLES | IAS, SECRETARY | |
| | (Printed or typed name and title) | • |
| Having been no corporation, I l I further agree performance of registered agen | amed as registered agent and to accept service of phereby accept the appointment as registered agent to comply with the provisions of all statutes relative fmy duties, and I am familiar with and accept the cont. | process for the above stated and agree to act in this capacity. We to the proper and complete Pobligation of my position as |
| Bv: De lear | ah 10. Skipper | 9-26-00 |
| <u></u> | (Signature of Registered Agent) | (Date) |
| If signing on behalf | | |
| | Deborah D. Skipper | |
| | (Typed or Printed Name) Asst. Secretary | (Capacity) |
| | * * * FILING FEE: \$35.00 | * * * |
| | · | |

CR2EO45(7/97)