

F 96000001800

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FL 32310

REGISTERED AGENT CHANGE

HEALTH TRANS, INC.

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G. Ouedjette OCT 18 2004

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: Health Trans, Inc.
2. The principal office address: 8323 NW 12th Street, Miami, FL 33126
3. The mailing address (if different): 1640 Phoenix Blvd., Suite 200, College Park, GA 30349

4. Date of incorporation/qualification: 3/29/96 Document number: F96000001800

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System

c/o CT Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, 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.

M. Chinta Gaston
(Signature of an officer, chairman or vice chairman of the board)

M. CHINTA GASTON, 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: Amelia Bryan CONSOLE SYSTEM
(Signature of Registered Agent) SPECIAL ASSISTANT SECRETARY

10/15/04

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314