2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F96000001800

Entity Name: HEALTH TRANS, INC.

FILED Sep 24, 2014 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8323 NW 12TH STREET 1275 PEACHTREE STREET NE

109 6TH FL

MIAMI, FL 33126 ATLANTA, GA 30309

Current Mailing Address: New Mailing Address:

1800 PHOENIX BLVD. STE 120 1275 PEACHTREE STREET NE

ATLANTA, GA 30349 US 6TH FL

ATLANTA, GA 30309

FEI Number: 65-0613681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM REGISTERED AGENT SOLUTIONS, INC. 1200 SOUTH PINE ISLAND ROAD 155 OFFICE PLAZA DR.

PLANTATION, FL 33324 US SUITE A

TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JACLYN WRIGHT, ASST. SECRETARY 09/24/2014

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: NORRIS, CRAIG

Address: 1275 PEACHTREE STREET NE 6TH FL

City-St-Zip: ATLANTA, GA 30309

Title: SEC.

Name: WILSON, ROBERT

Address: 1275 PEACHTREE STREET NE 6TH FL

City-St-Zip: ATLANTA, GA 30309

Title: CM

Name: RUSTAND, WARREN

Address: 1275 PEACHTREE STREET NE 6TH FL

City-St-Zip: ATLANTA, GA 30309

Title: TRES

Name: WILSON, ROBERT

Address: 1275 PEACHTREE STREET NE 6TH FL

City-St-Zip: ATLANTA, GA 30309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: M. CHINTA GASTON GC 09/24/2014