# F9400000 3638

Document	Number	Only
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CT Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

HEALTH DATA SCIENCES COMPONED 100



700002963327---1 -08/18/99--01063--003 -09.78\*\*\*\*\*

## CORPORATION(S) NAME

( ) Profit ( ) NonProfit	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal	() Mark
( ) Limited Partnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	() Other ucc Filin Change of R.A.
() Certified Copy	() Photo Copies	() Fic Name () CUS

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C. COULLIETTE AUG 1 8 1999

CR2E031 (1-89)

W.P. Verifier

### Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of s Florida Statutes, the undersign Delaware submits the f or registered agent, or both, in	ned corporation or following statemen	ganized under the la t in order to change	08, or 617.1508, aws of the State of the its registered office
1a. The name of the corporati	ion is: <u>Health Dat</u>	a Sciences Corpor	ation
1b. Date of incorporation July	7 14, 1997	Document no	ımber <u> F9700</u> 00036386
2. The name and address of t	the current registe	red agent and office	99
1201 HAYS STREET, TALLAHAS	SEE, FL 32301		SSE O T
3. The name and address of t (P.O. Box Not Ad	he new registered cceptable) c t corporati		PR 3:51  OF STATE  F. FLORRIOR
c/o C T CORPORATION SYSTEM,	1200 South Pine	e Island Rd., Plan	tation Florida 3332
The street address of its regist of its registered agent as change Such change was authorized by an efficer so authorized by the SIGNATURE	ged will be identic y resolution duly a board.	ai.	of directors or by
HAVING BEEN NAMED AS RE PROCESS FOR THE ABOVE SIN THIS CERTIFICATE, I HERE AGENT AND AGREE TO ACT WITH THE PROVISIONS OF A PLETE PERFORMANCE OF MITHE OBLIGATION OF MY POS	STATED CORPOREBY ACCEPT THE IN THIS CAPACIT LL STATUTES RE Y DUTIES, AND I	RATION AT THE PLA E APPOINTMENT AS Y. I FURTHER AGR ELATIVE TO THE PR AM FAMILIAR WITH	ACE DESIGNATED S REGISTERED REE TO COMPLY ROPER AND COM- H AND ACCEPT
JENNIFER F AULTMAN ASSISTANT SECRETARY	SIGNATURE BY	(Registered	Agent)
<b>Division of Corporatio</b> CR2E045 (7-91)	ons, P.O. Box	. 1	
UNALUTU (1-01)		/r-!!	ing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

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C. COULLIETTE AUG 1 8 1999

CR2E031 (1-89)

W.P. Verifler

### Florida Department of State, Jim Smith, Secretary of State

## 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, the undersigned corporation organized under the laws of the State of <a href="Delaware">Delaware</a> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: Health Data Sciences Corporation
1b. Date of incorporation July 14, 1997 Document number F970000036386
The Batte of Interpolation 4.0
2. The name and address of the current registered agent and office:
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
To River to 1
1201 HAYS STREET, TALLAHASSEE, FL 32301
3. The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 333
The street address of its registered agent 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 afficer so authorized by the board.
Randolph L. M. Hutto , Exec. V. P.
(Type or printed name and title)
DATE
DATE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.
T SIGNATURE DV
(Registered Agent)
ASSISTANT SECRETARY DATE S-14 + 15
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
\=::: = = A05.00
CR2E045 (7-91) \Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)