Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Phone Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE CONCENTRA HEALTH SERVICES, INC.

Certificate of Status	0
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JUN 1 2 2015

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C LEWIS

6/11/2015 3:23:53 PM From: To: 8506176380(2/3)

COVER LETTER

TO: Amen Divisi	ndment Section ion of Corporations	
SUBJECT:	CONCENTRA HEALTH SERVICES, INC.	
50005011_	Name of Cor	poration
DOCUMENT	F97000004888	
The enclosed	Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return a	all correspondence concerning this matter to	o the following:
		•
	Name of Conta	ct Person
Firm/Company		
	Addres	s
	City/State and	Zip Code
	•	
	E-mail address: (to be used for futt	en annual report notification
	E-man address, (to be used for full	ire amuai report notification)
For further inf	formation concerning this matter, please cal	
	Name of Contact Person	at () Area Code & Daytime Telephone Number
		The course of payment recognized frames,
Enclosed is a 1	35.00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tailahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Neveda	-
		ered agent, or both, in the State of Florida.	
I. The name of t	he corporation: CONCENTRA HEALTH	SERVICES, INC.	
2. The principal	office address: 5080 SPECTRUM DR, 120	0 W TOWER, ADDISON, TX 75001	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/18/1997	Document number: F97000004888	
5. The name and		gent and registered office on file with the	
	CORPORATION SERVICE COMPANY		
	1201 HAYS STREET, TALLAHASSEE, F	°L 32301-2525	
			র্ক
The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered office	
	C T Corporation System		_
	c/o C T Corporation System, 1200 South P	ine Island Road	7
	P.O. Box NOT	acceptable	-
	Plantation, Florida 33324		1
The street addre	ss of its registered office and the street to be identical.	address of the business office of its registered ago	enì,
Such change wa authorized by th	s authorized by resolution duly adopted e postal or the corporation has been not	by its board of directors or by an officer so lified in writing of the change.	
		Jennifer Kurz, Secretary	_
,	of an officer or director	Printed or typed name and title	_
l hereby acceby I further agrid (performance of agent. Or, if thi hereby confirm (the appointment as registered agent and o comply with the provisions of all statu my dulies, and i am familiar with and a is document is being filed merely to refl that the corporation has been notified in	d agree to act in this capacity, ites relative to the proper and complete except the obligation of my position as registered act a change in the registered office address, I n writing of this change.	
By: CT Corr	poration System	6/11/2015	
6-7	minte of Bellivered Agent	Date	_
lf signing on bel	half of an entity: Alfred Youn	an	
	Assistant Secr	etary	
Ty	ped or Printed Name	•	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)