

Division of Corporations

F 98000005489

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

THE HEALTHCARE INFORMATION NETWORK, INC.

Certificate of Status	0
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June 16, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations
THE HEALTHCARE INFORMATION NETWORK, INC.
P.O. BOX 147
LIVERPOOL, NY 13088

SUBJECT: THE HEALTHCARE INFORMATION NETWORK, INC.
REF: F98000005489

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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P.O BOX 6327 - Tallahassee, Florida 32314

03 P.03

**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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Healthcare Information Network, Inc.
2. The principal office address: 4709 Crossroads Park Dr., Suite 104, Liverpool, New York 13088
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/1/1998 Document number: F98000005489
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, Florida 32301

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

Business Filings Incorporated

1203 Governors Square Blvd, Suite 101

(P.O. Box NOT acceptable)

Tallahassee, Florida 32301-2960

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.

Karen L. Blake
(Signature of an officer or director)

Karen L. Blake, President
(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.

M. Schiff
(Signature of Registered Agent)

22nd day of May, 2006
(Date)

If signing on behalf of an entity:

Mark Schiff, AVP

(Typed or Printed Name)

1106000593303

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAY 19 2006 DIVISION OF CORPORATIONS P.O. BOX 6227 TALLAHASSEE FL 32314

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