

F99000002705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

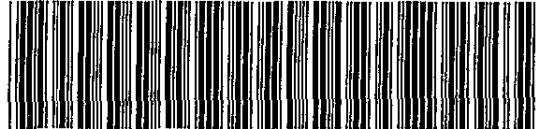
(Business Entity Name)

(Document Number)

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02/25/05--01014--007 **35.00

FILED
05 FEB 25 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FL 32399

R.A. Chong
G. Council MAR 02 2005

Secretary of State of Florida
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

SUPERIOR
INFORMATION SERVICES, LLC

**P.O. Box 8787
Trenton, NJ 08618-1427
800-848-0489
Fax 609-883-7891
www.superiorinfo.com**

Date: February 18, 2005

To: Secretary of State, Florida

From: Almeda Nangel – Associate Manger, Corporate Services

Re: Change of Registered Office and Agent

Enclosed please find the Notice of Change of (1) Designated Office, (2) Agent for Service of Process, or (3) Address of Agent along with our checks # 277000502-8 in the amount of \$35 each for the filing fees.

Please return a stamp filed copies to us in the envelopes provided.

Should you need any further information, please do not hesitate to contact me at (800) 848-0489, ext. 5411.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CCN Managed Care, Inc.

(Name of corporation)

DOCUMENT NUMBER: F99000002705

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

April Brady

(Name of person)

Superior Information Services, Inc.

(Name of firm/company)

300 Phillips Blvd. Suite 400

(Address)

Trenton, NJ 08618-1400

(City/state and zip code)

For further information concerning this matter, please call:

April Brady

(Name of person)

at (800) 848-0489

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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: CCN Managed Care, Inc.
2. The principal office address: 3200 Highland Avenue, Downers Grove, IL 60515
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/25/1999 Document number: F99000002705

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

CT Corporation System

1200 SOUTH PINE ISLAND RD.

PLANTATION FL 33324

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

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

Weston, FL 33331

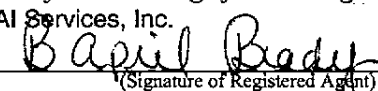
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

Shirley Smith, 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.

NRAI Services, Inc.
by: 
(Signature of Registered Agent)

2/9/2005
(Date)

If signing on behalf of an entity:

April Brady
(Typed or Printed Name)

Assistant Secretary
(Capacity)

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

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

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05 FEB 25 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FL 32314