13259

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Health Ledger Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: J13259

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling. Please return all correspondence concerning this matter to the following:

Harlan L. Paul, Esquire
(Name of Contact Person)

Paul & Elkind, P.A.
(Firm/Company)

142 E. New York Avenue
(Address)

DeLand, FL 32724
(City/State and Zip Code)

For further information concerning this matter, please call:

Harlan L. Paul, Esquire at (386) 734-3020

(Name of Contact Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

06 DEC -5 AM 8: 00

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
	to change its registered office of registered agent, or both, in the State of Provide. Health Ledger Services, Inc.
	office address: 1495 South Volusia Avenue, Suite 102, Orange City, EL 32763
3. The mailing ad	dress (if different):
4. Date of incorpo	oration/qualification: 05/07/1986 Document number: J13259
5. The name and : Florida Departi	street address of the current registered agent and registered office on file with the ment of State:
<u>.</u>	Sonja P. Drysdale
-	Sonja P. Drysdale 1495 South Volusia Avenue, Suite 102, Orange CIty, FL 32763888 FL STATE Street address of the new registered agent (if changed) and /or registered office
6. The name and some (if changed):	street address of the new registered agent (if changed) and /or registered office
<u>]</u>	Robert Coolidge
-	(P.O. Box NOT acceptable)
- The street addres as changed will b	s of its registered office and the street address of the business office of its registered agent, the identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
KN-7-0	Pabert Coolidge Pesident (Printed or typed in the and title)
	he appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this I am familiar with and accept the obligation of my position as registered agent. Or, if this I am familiar with and accept the obligation of my position as registered agent. Or, if this I am familiar with and accept the obligation of my position as registered agent. Or, if this I am familiar with an accept the obligation of my position as registered of the property of the province of the complex of the comp
RIT	Cooling November 27, 2006 ature of Registered Agent)
If signing on beh	alf of an entity:
(Ту	ped or Printed Name)

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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