

L 38116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000060526660

FILED

05 OCT 14 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

05 OCT 14 PM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

G. DeLietto OCT 14 2009



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 644956 5022885

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 35.00

ORDER DATE : October 11, 2005

ORDER TIME : 10:22 AM

ORDER NO. : 644956-680

CUSTOMER NO: 5022885

CHANGE OF AGENT

NAME: HEALTHINFUSION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: _____

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

1. The name of the corporation: HEALTHINFUSION, INC.
2. The principal office address: 1675 Broadway, #900, Denver, CO 80202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Dec. 22, 1989 Document number: L38116
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

Weston, FL 3331

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

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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)

Maureen Cullen, Attorney In Fact on

(Printed or typed name and title)

behalf of Michael E. Dell, Vice President

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.

Corporation Service Company

By


(Signature of Registered Agent)

Oct 12 2005
(Date)

If signing on behalf of an entity:

Michelle R. Vannoy, Asst. Vice Pres.

(Typed 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

FILED
05 OCT 14 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA