M03000000109

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

RE-SUBMIT
Please retain original filing
date of submission 2/17

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
CHAPIN REVENUE CYCLE MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

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EXAMINER

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February 18, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CHAPIN REVENUE CYCLE MANAGEMENT, LLC
3415 FRONTAGE RD EAST, STE B
TAMPA, FL 33607

SUBJECT: CHAPIN REVENUE CYCLE MANAGEMENT, LLC
REF: M03000000109

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.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H11000042774
Letter Number: 111A00004187

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chapin Revenue Cycle Management LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

La Sonia Moss
Name of Person

Emdeon
Firm/Company

3055 Lebanon Pike Suite #1000
Address

Nashville, TN 37214
City/State and Zip Code

lmoss@emdeon.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

La Sonia Moss at (615) 932-3183
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

(NHST8 (2/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Chapin Revenue Cycle Management LLC

2. (a) Principal office address of limited liability company: 3415 Frontage Rd East STE B

(Note: MUST BE STREET ADDRESS) Tampa, FL 33607

(b) Mailing address of limited liability company: Same

(Note: MAY BE POST OFFICE BOX)

12/27/2002
3. Date of filing/registration in Florida

M03000000109
4. Document number

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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Henthorne, Keith

Registered Office Address: 3415 Frontage Rd East, STE B
Tampa, FL 33607

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS)
Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Denise Coule
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: CT Corporation System
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (03/08)