

M03000001463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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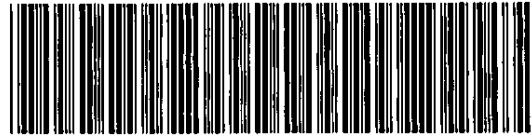
(Business Entity Name)

(Document Number)

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OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

APR 12 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 12 PM 12:48



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 337965 4327335

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 12 PM 12:48

ORDER DATE : April 1, 2010

ORDER TIME : 5:21 PM

ORDER NO. : 337965-015

CUSTOMER NO: 4327335

CHANGE OF AGENT

NAME: HOSPITAL BILL ANALYSIS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

**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: Hospital Bill Analysis, LLC

2. (a) Principal office address of limited liability company: 120 International Pkwy
Suite 220
Lake Mary FL 32746

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 120 International Pkwy
Suite 220
Lake Mary FL 32746

(Note: **MAY BE POST OFFICE BOX**)

05/06/2003

3. Date of filing/registration in Florida

M03000001463

4. Document number

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

Registered Agent: Judith Garber

Registered Office Address: 120 International Parkway
Suite 220
Lake Mary FL 32746

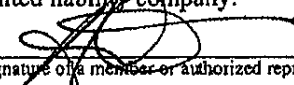
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
Tallahassee, FL 32301

(**MUST BE FLORIDA STREET ADDRESS**)

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)

ADAM VANDERVOORT, Secretary
(Printed or typed name of signer)

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: Blanca Lozada Blanca Lozada, Asst. Vice President
(Signature of Registered Agent)

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

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10 APR 12 PM 12:48