

MOS000000841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

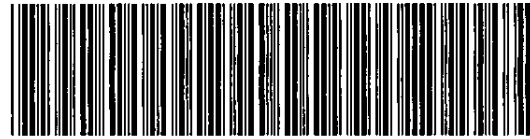
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/13/12--01018--009 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 13 AM 9:19

MAR 14 2012

T. HAMPTON



**NRAI
CORPORATE
SERVICES**

Formerly Premier Corporate Services, Inc.

March 9, 2012

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
PO Box 6327
Tallahassee, FL 32314

**Re: Health Management Systems, Inc.; IntegriGuard, LLC;
HealthDataInsights, Inc.**

Dear Sir or Madam:

Enclosed are the forms, in duplicate, necessary to change the registered agent and registered office for the above captioned entities, together with checks for the required filing fees.

Please file with your office and return the duplicate copy file stamped as evidence to my attention at the letterhead address.

If you have any questions, please do not hesitate to contact me at rblack@nrai.com or at the number listed below.

Thank you.

Best Regards,

Ryan Black

enclosures

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: Integriguard, LLC

2. (a) Principal office address of limited liability company: 2121 North 117 Avenue

(Note: MUST BE STREET ADDRESS)

Suite 200
Omaha, NE 68164

(b) Mailing address of limited liability company: 2121 North 117 Avenue

(Note: MAY BE POST OFFICE BOX)

Suite 200
Omaha, NE 68164

02/14/2005
3. Date of filing/registration in Florida

M05000000841
4. Document number

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

Registered Agent: Corporation Service Company

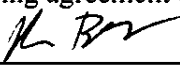
Registered Office Address: 1201 Hays Street
Tallahassee, FL 32301

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

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 515 East Park Avenue
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301
, FL

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.

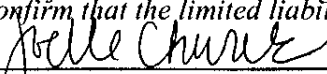

Signature of a member or authorized representative of a member

Ryan Black. Authorized Representative

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.

NRAI Services, Inc.


Signature of Registered Agent
Joelle Churik, Assistant Secretary

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

FILING FEE: \$25.00

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