

From:

01/11/2012 14:17

#364 P.001/002

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD
Account Number : I20000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

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

Email Address: _____

FILED
12 JAN 11 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
BEACON HEALTH STRATEGIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

D. BRUCE

JAN 12 2012

EXAMINER

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RECEIVED
12 JAN 11 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

01/11/2012 14:17

#364 P.002/002

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**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: BEACON HEALTH STRATEGIES, LLC

2. (a) Principal office address of limited liability company: 500 UNICORN PARK DRIVE Suite 401
(Note: MUST BE STREET ADDRESS) WOBURN MA 01801

(b) Mailing address of limited liability company: 500 UNICORN PARK DRIVE
(Note: MAY BE POST OFFICE BOX) WOBURN MA 01801

12/29/2006

M0700000011

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

CT CORPORATION SYSTEM

Registered Office Address:

1200 SOUTH PINE ISLAND ROAD
Plantation FL 33324

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

NEW Registered Agent:

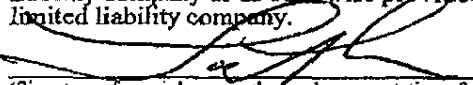
National Corporate Research, Ltd., Inc.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

155 Office Plaza Drive
Tallahassee FL 32301

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)

Timothy Murphy

(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.


(Signature of Registered Agent)

Dionysus Garvin, Assistant Secretary

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

FILING FEE: \$25.00

DNHS18 (05/08)

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