-P03000002171

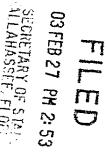
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations								
SUBJ	ECT:	Hospital Re	sources Management, Inc.						
			(Name of corporation)						
DOC	UMENT N	UMBER:	P0300002171						
The en	closed Sta	tement of Change	e of Registered Office/Agent and fee are submitted for filing.						
Please	return all o	correspondence c	oncerning this matter to the following:						
Dav	id L. Re	dmond							
		(Name of per	rson)						
Hos	spital Re	sources Manag (Name of firm/co	ement, Inc.						
531	O Cypres	s Center Driv (Address	e, Suite 101						
Tam	pa, FL	33609 (City/state and zi	·						
		(City/state and zi	p code)						
For fu	rther inforn	nation concerning	g this matter, please call:						
Dav	id L. Re	dmond Jame of person)	at (<u>813</u>) <u>864–2563</u> (Area code & daytime telephone number)						
Enclos	ed is a \$35	.00 check made p	payable to the Department of State.						
Amend Division P.O. B	ng Address Iment Section of Corpo ox 6327. Assee, FL 3	on orations	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	he provisions of sec	ctions 607.0502, 6	17.0502, 607.15	08, or 617.1508, F	lorida Statu	tes,
this statement	of change is submit	ted for a corporati	on organized un	der the laws of the S	State of	
Florida	in order to	change its registe	red office or reg	sistered agent, or bo	oth, in the Si	tate
of Florida.						
1. The name of	f the corporation:	Hospital Re	sources Mana	gement, Inc.		
2. The principa	al office address:	5310 Cypres	s Center Dri	ve, Suite 101		
		Tampa, FL	33609			
3. The mailing	address (if differen	t):				
4. Date of inco	rporation/qualificat	ion: January 7.	2003 Docum	ment number:	<u>⋛</u> 30 0000 215	<u> </u>
	nd street address of artment of State:	the current register	red agent and reg	istered office on file	WSSE WSSE	
	Robert C. Ra	asmussen				
	100 South As	shley Drive, S	uite 1300		STATE 5	!
	Tampa, FL	33602				
	and street address o	of the new register	red agent (if cha	nged) and /or regis	tered office	(if
changed):	David L. Rec	imond				
	5310 Cypress	s Center Drive (P.O. Box or personal mai	Suite 101 box NOT acceptable)			
	Tampa, FL	33609				
The street addr	ress of its registered ged will be identica	l office and the str	eet address of th	e business office of	fits register	ed
Such change wanthorized by t	vas authorized by re the board, or the co	solution duly adoproperation has been	pted by its board i notified in writ	of directors or by a ing of the change.	in officer so	1
Signature of an office	3- Sedma	n of the hoard)	David L. Re	edmond or typed name and title)		
I hereby accept I further agree performance of registered ager office address,	t the appointment a to comply with the f my duties, and I a nt. Or, if this docu I hereby co <u>nfi</u> rm th	ns registered agent provisions of all s m familiar with an ment is being filed that the corporation		ct in this capacity. to the proper and c ligation of my posit t a change in the re ted in writing of this	omplete ion as egistered s change.	
David	J. Sedn Signature of Registered Ages	n end	Feb.	75, 2003 (Date)		
If signing on beha	ilf of an entity:					
	Typed or Printed Name)			(Canacity)		

* * * FILING FEE: \$35.00 * * *