## 04000123098

Office Use Only



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C. Couffiette AUG 2 9 2007



ACCOUNT NO. : 07210000032			
REFERENCE : 050637 7124749			
AUTHORIZATION :			
COST LIMIT : \$ 18.00			
ORDER DATE: August 10, 2007			
ORDER TIME: 10:36 AM			
ORDER NO. : 050637-065			
CUSTOMER NO: 7124749			
CHANGE OF AGENT			
NAME - FLORIDA DIVERDOLOGY ING			
NAME: FLORIDA PHLEBOLOGY, INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
AA PLAIN STAMPED COPT			
CONTACT PERSON: Kathy Drake EXT# 2959			
EXAMINER:			

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutange is submitted for a corporation organized under the laws of the State of Florid	
	er to change its registered office or registered agent, or both, in the State of Florida	
1. The name of	the corporation: FLORIDA PHLEBOLOGY, INC.	
2. The principal office address: 1101 Perimeter Drive, Suite 615, Schaumburg, IL 60173		
		·
3. The mailing a	address (if different): 30 S. Wacker Drive, Suite 2600, Chicago, IL 60606	
4. Date of incor	poration/qualification: 08/25/2004 Document number: P04000123098	3
	d street address of the current registered agent and registered office on file with the rtment of State:	
	Registered Agent Solutions, Inc.	
	155 Office Plaza Drive, Suite A	O7 NUG 29 SECRETARS TALLAHASS
	Tallahassee, FL 32301	FILEC FILEC AHASSE
(if changed):	d street address of the new registered agent (if changed) and /or registered office	
<b>*1</b>	Corporation Service Company	: 39 LORID
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street addr as changed wil	ess of its registered office and the street address of the business office of its reg l be identical.	istered agent,
	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	
	La Lulite Claude E. White Vice (Printed or typed name and title)	President d'Se notar
I further agree of my duties, an document is be corporation ha	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered age ing filed merely to reflect a change in the registered office address, I hereby costs been notified in writing of this change.	e performance ent. Or, if this nfirm that the
Ву: / Ш	ignature of Registered Agent)  Aug. 28	2007
If signing on b	ehalf of an entity:	
<del></del>	Typed or Printed Name)	
,	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314