P09096

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400059656334

09/16/05-01026-025 **35.00



10 9-23



National Registered Agents, Inc.

. "NRAI, the best choice for statutory representation"

FILING REQUEST

September 9, 2005

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF REGISTERED AGENT

Subject(s):

A4 HEALTH SYSTEMS, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE/ REGISTERED AGENT/OFFICE

Supporting Documents(s):

NONE

Check Enclosed:

CHECK# 145

FOR \$ 35

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

PLEASE CALL ME AT: 1877-261-6823 IF THERE ARE ANY QUESTIONS.

Thank you!

KAREN REDMAN

TRANSMITTAL LETTER

	Amendment Section Division of Corporations				
SUBJE	CT: A4 Health Systems, Inc.	(Name of corporation)			
		(Name of corporation)			
DOCUN	MENT NUMBER: P09096				
The encl	losed Statement of Change of Regi	stered Office/Agent and fee are	submitted for filing.		
Please re	eturn all correspondence concernin	g this matter to the following:			
	Karen Redman				
		(Name of person)	•		
2	731 Executive Park Drive Suite	4			
		(Name of firm/company)			
(Address)					
		(/Iddioss)			
1.7	Veston, Fl 33331				
<u> </u>	veston, F1 33331	(City/state and zip code)			
For furth	ner information concerning this ma				
1 Or Ruiti	ici information concerning and ma	iter, prease earn			
Koron	Redman	-1.4 OF 4	\ 218-9787		
Karen	(Name of person)	at (934 (Are	a code & daytime telephone number)		
	, ,	`	•		
Enclosed	d is a \$35.00 check made payable t	to the Department of State.			
	Mailing Address: Amendment Section	- <u>S</u>	treet Address: mendment Section		
	Division of Corporations P.O. Box 6327	Ţ.	Division of Corporations 09 E. Gaines Street		
	P.O. Box 6327 Tallahassee, FL 32314	4 T	ug E. Gaines Street allahassee, FL 32399		

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

change is submi	<u> </u>	02, 607.1508, or 617.1508, Florida Statutes, this . he laws of the State of <u>North Carolina</u> th, in the State of Florida.	statement of in order
1. The name of t	the corporation: A4 Health Systems, I	nc.	
2. The principal	office address: 5501 Dillard Drive		
Cary, NC 27	75119234		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 2/14/86	Document number: P09096	
	I street address of the current registered a tment of State:	agent and registered office on file with the	
	CT Corporation System		
	1200 South Pine Island Road		* Faces
	Plantation, FL 33324	· · · · · · · · · · · · · · · · · · ·	
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	85 T
	NRAI Services, Inc.	AF.Y	0
	2731 Executive Park Drive, Suite	4	
	(P.O. Box or personal	mailbox NOT acceptable)	φ -
	Weston, FL 33331		53
The street addre	ess of its registered office and the street identical.	t address of the business office of its registered	agent, as
Such change wa	as authorized by resolution duly adopte e corporation has been notified in writi	ed by its board of directors or by an officer so a ing of the change.	uthorized by
P, C	Signature of apporticer or director)	Petra Weishaupt Smith, CFO (Printed or typed name and title)	
peing jilea mere been notified in	ety to reflect a change in the registerea writing of this change.	nd agree to act in this capacity. tutes relative to the proper and complete perfor on of my position as registered agent. Or, if this loffice address, I hereby confirm that the corpo	mance of my s document is ration has
NRAI Services	in inc	9/7/05	
	(Signature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
Karen Redman		Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

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