

Division of Corporations

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P11078

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

REGISTERED AGENT CHANGE AUTOMATED HEALTH SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED
14 NOV 24 PM 4:43
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

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Corporate Filing Menu

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CRm
11-25-14

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Mississippi in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AUTOMATED HEALTH SYSTEMS, INC.
2. The principal office address: 3545 Lakeland Drive, Flowood, MS 39232
3. The mailing address (if different): P.O. Box 1043, Jackson, MS 39215
4. Date of incorporation/qualification: 08/12/1986 Document number: P11078
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company

1201 Hays Street

Tallahassee

FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System

1200 S. Pine Island Road

P.O. Box NOT acceptable

Plantation

FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

John H. Parker III
Signature of an officer or director

John H. Parker III - Secretary
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Carrie Bryon
Signature of Registered Agent

11/24/2014
Date

If signing on behalf of an entity:

Carrie Bryon
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
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