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C. Maryon

TRANSMITTAL LETTER

TO: Amendment Section Division of Corpora		-		
SUBJECT: KEY CO	OMMUNICAT (Nar	70NS SE	RVICE, INC	<u> </u>
DOCUMENT NUMBER	P15900	÷ <u> </u>		
The enclosed Statement of	Change of Register	ed Office/Ager	nt and fee are sub	mitted for filing.
Please return all correspond	dence concerning th	is matter to the	following:	
KIMBERLY R	ESTA ne of person)			
PROXYMED, Name of	NC. firm/company)			
2555 DAVIE)	,	;#
FORT LAUDERD	,		. *	
For further information cor		<u>-</u> .		
KIMBERLY_REST (Name of pe	A a	t (<u>954</u>) (Area code &	473-100 & daytime telephor	1 x214 ne number)
Enclosed is a \$35.00 check	made payable to th	e Department o	of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division 409 E. Ga	ddress: ent Section of Corporations aines Street ee, FL 32399	3	

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

Pursuant to the	provisions of sections 607.0502	2, <i>617.0502, 607</i>	.1508, or 617.15	08, Florida Stat	tutes,
this statement o	f change is submitted for a corpo	ration organized	under the laws of	f the State of	
INDIANA	in order to change its reg	isterēd office or	registered agent,	or both, in the	State
of Florida.	1/0/ 0004		se coul	CE INTO	
	the corporation: KEY COM				
2. The principal	office address: 2633 GR	ant une	ROAD		
	NEW ALBA	M, INDI	4NA 471	50	
3. The mailing a	address (if different):	- =			
			<u> </u>	<u> </u>	
4. Date of incorp	poration/qualification: <u>910187</u>	,Do	ocument number:	P15900	
	I street address of the current regi rtment of State:	istered agent and	registered office	on file with the	-
	CT CORPORATION	SYSTEM	·	5	ಜ
	1200 S. PINE ISL	AND_ROA		AF.	₹ 7
	PLANTATION, PL	33324		Z S S S S S S S S S S S S S S S S S S S	<u>ن</u> ا
6. The name ar	nd street address of the new reg	istered agent (if	changed) and /or	registered offic	e th
changed):	RAFAEL G. ROD				2±%
-	2555 DAVIE ROA	AD, # [[O	Sle)	<u>_</u>	
	FORT LAUDERDAL	E, FL 333	1フ		
The street addreagent, as change	ess of its registered office and the ed will be identical.	e street address o	of the business of	fice of its registe	ered
	as authorized by resolution duly ne board, or the corporation has l				
- M/A/A			G. RODRIGU		
I hereby accept I further agree of performance of registered agen office address	the appointment as registered a to comply with the provisions of my duties, and I am familiar wit t. Or, if this agrument is being f I hereby confirm that the corpore	gent and agree to all statutes relat th and accept the filed merely to re ation has been n	o act in this capa ive to the proper obligation of my flect a change in otified in writing	city. and complete position as ihe registered of this change.	
- 444	Mainte of Registered Weent	JUNE	9,2003 (Date)		
If signing on behal	• • • • • • • • • • • • • • • • • • • •	es e	• • •		
	· · · · · · · · · · · · · · · · · · ·		·, ·	· #	
()	yped or Printed Name)		(Capacity)		

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