28860

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ACCOUNT NO. : 07210000032

REFERENCE :

231201

7381513

AUTHORIZATION ...:

ORDER DATE: September 24, 2003

ORDER TIME : 2:03 PM

ORDER NO. : 231201-355

CUSTOMER NO: 7381513

CUSTOMER: Mr. Stephen Ford

Fhc Health Systems, Inc. 240 Corporate Boulevard

Norfolk, VA 23502

CHANGE OF AGENT

NAME: VALUEOPTIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY __ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

		02, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement Virginia	· · · · · · · · · · · · · · · · · · ·	poration organized under the laws of the State of egistered office or registered agent, or both, in the State
of Florida.	in order to change his re	gistered office or registered agent, or both, in the state
1. The name of	of the corporation: VALUEOPTIONS,	INC.
2. The princip	pal office address: 240 Corporate	Blvd.
Norfolk,	VA 23502	
3. The mailing	g address (if different):	
4. Date of inc	corporation/qualification: April 5	, 1990 Document number; P28860
	and street address of the current re partment of State:	gistered agent and registered office on file with the
	NRAI Services, Inc.	
	526 East Park Avenue	
	Tallahassee, FL 32301	AR M T
6. The name changed):	and street address of the new re	egistered agent (if changed) and /or fegistered office (if
	Corporation Service Company	77.5
	1201 Hays Street (P.O. Box or person	onal mailbox NOT acceptable)
	Tallahassee, FL 32301	
The street add agent, as chan	dress of its registered office and the desired will be identical.	he street address of the business office of its registered
Such change vauthorized by	was authorized by resolution duly the board, or the corporation has	y adopted by its board of directors or by an officer so been notified in writing of the change.
· -	icer, chairman or vice chairman of the board)	Laura R. Dunlap, Attorney in Fact (Printed or typed name and title)
I further agree performance of registered age office address Corporation	ee to comply with the provisions of my duties, and I am familiar went. Or, if this document is beings, I hereby confirm that the corposervice, Company	agent and agree to act in this capacity. If all statutes relative to the proper and complete with and accept the obligation of my position as If filed merely to reflect a change in the registered ration has been notified in writing of this change. Aligia
Cynth	(Signature of Registered Agent)	(Date)
If signing on beh		nia L. Harris its agent
(Typed or Printed Name)		(Capacity)

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

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