7 9400018072

٩,

(Requestor's Name)
(Address)
*
(Address)
•
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
(<u> </u>
Certified Coples Certificates of Status
r
Special Instructions to Filing Officer:

300010374953

01/21/03--01068--004 **35.00



Office Use Only

25,124/03

للمكي

NewCo Corporate Services, Inc.

л

875 Avenue of the Americas Suite 501 New York, New York 10001

Telephone: (212) 356-8340

Internet Address: gerri350@aol.com

Fax: (212) 356-8379

January 17, 2003

Division of Corporations PO Box 6327 Tallahassee, Florida 32314

RE: Vincam Occupational Health Systems, Inc. Change of Agent - Florida

Dear Sir/Madam:

Enclosed please find Certificate of Change of Registered Office/Registered Agent on behalf of the above entity.

Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there are any problems, please contact the undersigned immediately at the following tollfree number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely,

1.M

Gerri Mirando Senior Specialist

Encls.

CHECK# /1/2395 Amounts 3.5 -

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 Florida in order to change its registered office or registered agent or both in the State

in order to change its registered office or registered agent, or	0011, 11 1	ine Diu	115
of Florida.	2	03	
1. The name of the corporation: Vincam Occupational Health Systems, Inc.		<u></u>	
		1.0	្រង់ដ្ឋី
2. The principal office address: One ADP Blvd.		2	
Roseland, New Jersey 07068	-20-		
3 The mailing address (if different). 10200 Sunset Drive		.0	

- 3/8/94 P94000018072 4. Date of incorporation/qualification: _ Document number:
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Elizabeth J. Marston

Miami, Florida 33173

10200 Sunset Drive

Miami, Florida 33173

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

NRAI Services, Inc.

526 E. Park Avenue (P.O. Box or personal mailbox NOT acceptable) Tallahassee, FL 32301

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.

KMAT (8	
	Asimush or vice chairman	of the boan

ionature of

(Typed or Printed Name)

Robert J. Singer, Asst Secretary (Printed or typed name and title)

(Signature of an office data of the appointment as registered agent and agree to act in this capacity. 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.

If signing on behalf of an entity:

Assistant Secretary

(Capacity)

NRAI Services, Inc.Geraldine Mirando, * FILING FEE: \$35.00

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

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 Florida in order to change its registered office or registered agent or both in the State

of Florida. 1. The name of the corporation: Vincam Occupational Health Systems, Inc.		U3 JAN	
2. The principal office address: One ADP Blvd.	SS	2	22227999 22 ⁻⁰ 14-00
Roseland, New Jersey 07068	m _c	AM	
3. The mailing address (if different): 10200 Sunset Drive	LOI	5	O
Miami, Florida 33173		တ	

4. Date of incorporation/qualification: <u>3/8/94</u> Document number: <u>P94000018072</u>

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Elizabeth J. Marston

10200 Sunset Drive

Miami, Florida 33173

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

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.

(Signature of an officer, chairman or vice chairman of the board)

Robert J. Singer, Asst Secretary (Printed or typed name and title)

Date

(Capacity)

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 gddress, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent)

If signing on behalf of an entity:

eciciant	Secretary

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