## P9400031968

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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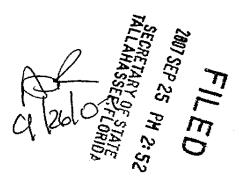
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ON SERVICE COMPANY,		
ACCOUNT NO. : 072100000032		
REFERENCE : 234437 109186B		
AUTHORIZATION: Spulseena		
COST LIMIT : \$ 35.00		
ORDER DATE: September 19, 2007		
ORDER TIME : 10:40 AM		
ORDER NO. : 234437-360 _		
CUSTOMER NO: 109186B		
CHANGE OF AGENT		
NAME OF COMPANY ASSESSMENT OF COMPANY OF COMPANY		
NAME: GATEWAY MEDICAL SERVICES, INC.		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
XX PLAIN STAMPED COPY		
CONTACT PERSON: Cindy Harris EXT# 2937		
EXAMINER:		

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

statement of change is	ions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this submitted for a corporation organized under the laws of the State of Florida nange its registered office or registered agent, or both, in the State of Florida.
1. The name of the cor	poration: GATEWAY MEDICAL SERVICES, INC.
2. The principal office	address: 4000 Meridian Blvd., Franklin, TN 37067
3. The mailing address	s (if different):
4. Date of incorporatio	on/qualification: 04/27/1994 Document number: P9400031968
5. The name and street Florida Department	t address of the current registered agent and registered office on file with the of State:
NRA	AI Services, Inc.
273	Al Services, Inc.  1 Executive Park Drive, Suite 4
Wes	ston, FL 33331
6. The name and street (if changed):	t address of the new registered agent (if changed) and /or registered office
Cor	poration Service Company
120	1 Hays Street
	(P.O. Box NOT acceptable)
<u>Tall</u>	lahassee, FL 32301
The street address of it as changed will be ide	its registered office and the street address of the business office of its registered agent, entical.
Such change was auth authorized by the boa	norized by resolution duly adopted by its board of directors or by an officer so under the corporation has been notified in writing of the change.
(Signature of an	Elizabeth A. Dawson, Attorney In Fact (Printed or typed name and title)
By: \( \frac{1}{2} \)	ppointment as registered agent and agree to act in this capacity, inly with the provisions of all statutes relative to the proper and complete performance in familiar with and accept the obligation of my position as registered agent. Or, if this end merely to reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.  Service Company  09/11/2007
If signing on behalf o	
Sylvia Queppet,	·

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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