## UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, FL 32301 (850) 681-6528 FOR PICKUP BY

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THE PLAN OF STANDARD	OCC SERVICES					
FILING & SEARCH	OFFICE USE ONLY (Document #)					
SERVICES			728085			
			*****3	99010020		
CORPORATION NAME(S) AN						
PDA Medica	all Billing and	Clair	ns hili	3		
Seri	lice Inc.		. <u>.</u> _=	O	-	
Walk In Mail Out Will Wait Photocopy	Pick Up Time		Certified Copy HASSE CERTIFICATE OF GOVERNMENT OF CONTROLLES ON THE CHARTER	of Standing	· · · · · ·	
Profit NonProfit Limited Liability Domestication Other  OTHER FILINGS Annual Report Fictitious Name Name Reservation  R  A  REGI AREGI ARE	AMENDMENTS mendment esignation of R.A. Officer/Director hange of Registered Agent issolution/Withdrawai lerger  ISTRATION/QUALIFICATION oreign mited Partnership einstatement rademark ther	]	Certificate of FIGURE NATE OF SEARCH	ME SEARCH	E	
Ordered By:	D 3/30		<u>=</u>			
Date:		-		w*	 1	

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

	provisions of sections 607.	,	•		Florida Statut =	es, the
	owing statement in order to	<del>-</del>	_		agent, or both,	in the
State of Florida					-	
1. The name of	the corporation is: PDQ N	Medical Bi	lling and C	Claims Fi	ling Servi	ce, Inc.
2. The mailing a	ddress of the corporation is	P.O. B	ox 4641, Oc	ala, Flo	rida 34478	B
			<del></del>			
	poration/qualification: Manager Manage			t number: P	990000223 <u>9</u>	17. <sub>5</sub> .
	UCC Filing & Search	Services, I	inc.	:	型器 38	1
	526 E. Park Avenue				CREARS'S LINE TO THE PARTY OF T	
	Tallahassee, FL 32	301			543	£ -2 2
5. The name and	l address of the new registers	ed agent and o	ffice: (P.O. Box	Not Accept	able)	
	Sheryl D. Hende	erson	•	*		F. 03
		***************************************			<u></u> ,	•
	23 Pecan Course				_	
	Ocala, Fl 34472				-	
The street addre agent, as change	ss of its registered office and d, will be identical.	the street add	ress of the busin	ess office of	its registered	
Such change wa authorized by th	s authorized by resolution du e board.	ly adopted by	its board of dire	ectors or by a	in officer so	
200	211000 otto			3-24-9	9	٠
(Signature of an offi	cer, chairman or vice chairman of the	ne board)	Œ	ate)	<del>}</del>	
Sheryl	D. Henderson, Presi			urer/Dir	ector	<del>-</del>
•	· ·	ted or typed name	•		<u> </u>	
Having been nan I hereby accept to comply with the and I am familia	ned as registered agent and the appointment as registered provisions of all statutes relatives with and accept the obligations.	to accept servi I agent and ag utive to the pro tion of my pos	ice of process for tree to act in thi oper and comple ition as register	or the above is capacity. ite performa ed agent.	stated corpord I further agree nce of my duti -	tion, to es,
Sugnature (	6 DUUOLLA on Registered Agent)		<u>B</u> -8	4-99 ate)	<u>.</u> . 	*
If signing on bel	nalf of an entity:		,		- -	
Sheryl D.	. Henderson		Presiden	t .	=	
(Typed or	Printed Name)	₩		(Capacity)		

FILING FEE: \$35.00

CR2E045(1/95)