Capito Services, Inc.

1406 Hays St., Suite 2

Tallahassee, FL 32301

(850) 878-4734 Kathi or Brent V58790

W8208081272S

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

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□ Profit			A Officer/T	)irector
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☐ Limited Liability		Change of Registered Agent		
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## FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

May 3, 2002

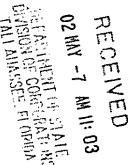
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CAPITOL SERVICES, INC.

TALLAHASSEE, FL

SUBJECT: HEALTHCARE USA, INC.

Ref. Number: W02000012725



We have received your document for HEALTHCARE USA, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please see that attached printout showing the name of the corporation you are showing on this application and another one showing the number on here. The name of the corporation we have with this name is not a foreign corporation, it is a Florida one. Please call if you have questions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 402A00027737

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

Pursuant to the provisions of sections 607.0502, 61	7.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the law	•
submits the following statement in order to change it	s registered office or registered agent, or both, in
the State of Florida.	
1. The name of the corporation : HealthCare USA, Inc.	
	And the state of t
2. The mailing address of the corporation: 6705 Rockle	edge Drive, Suite 900
Bethesda, MD 20817	
3. Date of incorporation/qualification: 3/26/01	
4. The name and address of the current registered agen	at and office:  ALCRE M
CT Corporation System	HASS
1200 South Pine Island Road	
Plantation, FL 33324	
5. The name and address of the new registered agent (i (P. O. Box Not)	f changed) and/or registered office (Frianged):
NRAI Services, Inc.	
526 E. Park Avenue	
Tallahassee, FL 32301	<u> </u>
The street address of its registered office and the street agent, as changed, will be identical.	
Such change was authorized by resolution duly adopt authorized by the board.	ed by its board of directors or by an officer so
Somb a Coquerrae Small	February 25, 2002
(Signature of an officer, chairman or vice chairman of the box	ard) (Date)
Shirley Ann Roquemore Smith, Secretary (Printed or typed name and title)	
Having been named as registered agent and to accept corporation, I hereby accept the appointment as registered agree to comply with the provisions of all statements of my duties, and I am familiar with anaregistered agent.	t service of process for the above stated stered agent and agree to act in this capacity. atutes relative to the proper and complete l accept the obligation of my position as
NRAI Services, Inc.	February 25, 2002
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
B. April Brady, Assistant Secretary	
(Typed or Printed Name)	(Capacity)

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