

Capitol Services, Inc.

1406 Hays St., Suite 2

Tallahassee, FL 32301

(850) 878-4734

Kathi or Brent

V58790

W02000012725

Office Use Only

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

1. HealthCare USA, Inc. (Corporation Name) FOI 2/2/08 (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☒ Walk in

☒ Pick up time 5/3

☐ Certified Copy

☐ Mail Out

☐ Will wait

☒ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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-05/03/02--01041--025
*****35.00 *****35.00

C. Coulliette MAY 07 2002

Examiner's Initials



Resubmit

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 3, 2002

Please back late

CAPITOL SERVICES, INC.

TALLAHASSEE, FL

SUBJECT: HEALTHCARE USA, INC.
Ref. Number: W02000012725

RECEIVED
02 MAY -7 AM 11:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : HealthCare USA, Inc.

2. The mailing address of the corporation : 6705 Rockledge Drive, Suite 900
Bethesda, MD 20817

3. Date of incorporation/qualification: 3/26/01 Document number: V58790

4. The name and address of the current registered agent and office:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

NRAI Services, Inc.

526 E. Park Avenue

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.


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

February 25, 2002
(Date)

Shirley Ann Roquemore Smith, Secretary

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

NRAI Services, Inc.


(Signature of Registered Agent)

February 25, 2002
(Date)

If signing on behalf of an entity:

B. April Brady, Assistant Secretary

(Typed or Printed Name)

(Capacity)

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