

MO6000006686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

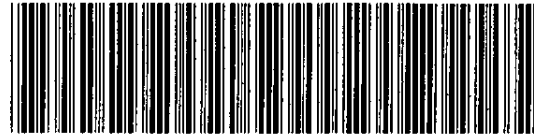
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUN 24 2008

EXAMINER

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TO: FL DEPARTMENT OF STATE

DATE: June 18, 2008

FROM: LAURA JOLES

SUBJECT: CHANGE OF AGENT FILING - REFERENCE #D310361

Hello,

Enclosed, please find a Change of Agent filing to be submitted on a routine basis to the FL Department of State. There is a check for \$25 to cover any filing fees.

Once the document has been filed, the original can be returned to my attention via regular mail. If at all possible please email a copy to Ljoles@nationalcorp.com.

If you have any questions or if you need anything further from me to have the document filed in FL, please do not hesitate to contact me.

Thank you very much for your assistance with this.

**Sincerely,
Laura Joles**

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is:

Sovereign Healthcare Disbursements, LLC

2. The mailing address of the limited liability company is :

5887 Glenridge Drive NE, Suite 150, Atlanta, GA 30328

12/04/2006

M06000006686

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Address

Weston, FL 33331

City, State and Zip

6. The name and address of the new registered agent and/or office:

National Corporate Research, Ltd., Inc.

Name

515 East Park Avenue

Florida street address (P.O. Box NOT acceptable)

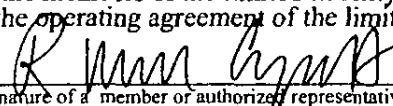
Tallahassee

FL

32301

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



(Signature of a member or authorized representative of a member)

R. Mark Cronquist - CFO

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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08 JUN 23 PM 12:14
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TALLAHASSEE, FLORIDA