

F10000003139

Darryl Maddox
(Requestor's Name)

3420 45th St. Ste 5
(Address)

(Address)

West Palm Beach FL 33407
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

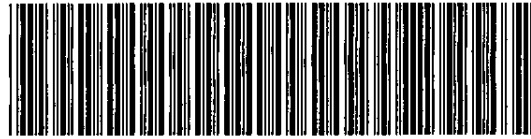
(Business Entity Name)

(Document Number)

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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, this statement of change is submitted for a corporation organized under the laws of the State of Nevada in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HEALTHDATAINSIGHTS, INC.

2. The principal office address: 7501 TRINITY PEAK STREET, SUITE 210, LAS VEGAS, NV 89128

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/13/2010 Document number: F10000003139

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SHIRLEY BALSLEY
7083 GRAND NATIONAL DRIVE, SUITE 104
ORLANDO, FL 32819


SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
515 East Park Avenue
P.O. Box NOT acceptable
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, or the corporation has been notified in writing of the change.


Signature of an officer or director

Ryan Black, Vice President
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
NRAI Services, Inc.


Signature of Registered Agent

3/9/2012
Date

If signing on behalf of an entity:

Joelle Churik, Assistant Secretary
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314