

P25779

**Florida Department of State
Division of Corporations
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Division of Corporations
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From:

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**REGISTERED AGENT CHANGE
FOCUS HEALTHCARE MANAGEMENT, INC.**

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C. LEWIS
MAR - 6 2014
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FOCUS HEALTHCARE MANAGEMENT, INC.
REGISTERED AGENT CHANGE

APPROVED
AND
FILED
14 FEB 27 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Tennessee in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FOCUS HEALTHCARE MANAGEMENT, INC.
2. The principal office address: _____
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/22/1989 Document number: P25779

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)

NRAI SERVICES, INC.

1200 South Pine Island Road Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Sharlin Aldao-Carrillo
Signature of an officer or director

Sharlin Aldao-Carrillo, 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.

By Kristin Bolden
Signature of Registered Agent

2/25/2014

Date

If signing on behalf of an entity: Kristin Bolden
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

CR2E045 (03/12)

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA