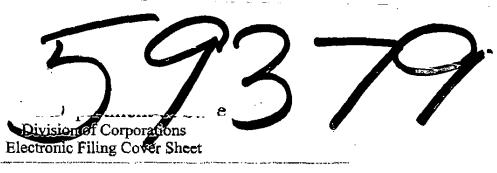
Divisic f Corp the



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001110263)))



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. ---

Division of Corporations

Fax Number : (850)617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

; (850)878~5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

M 4 7	Address:			
KMM 1 L	ACCTOSS:			

REGISTERED AGENT CHANGE JMI-DANIELS PHARMACEUTICALS, INC.

Certificate of Status	0
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Page Count	02
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## **COVER LETTER**

TO: Amendme Division	ent Section of Corporations					
SUBJECT:	ami-daniels pharmaceuticals, inc.					
	Name of Cor	poration				
DOCUMENT N	umber:					
The enclosed State	ement of Change of Registered Office/	gent and fee are submitted for filing.				
Please return all co	orrespondence concerning this matter to	the following:				
	Susan Grand Name of Conta					
	Name of Conta	ct Person				
	Phase Firm/Com	pāhy				
	235 East Y222	St. (m) 235/14/2)				
	Addres	<u>,                                    </u>				
	NeinYall, NY 10	dig				
	New York, MY 10	Cip Code				
	Susmi.Grant@Pf	zer.com				
	E-mail address: (to be used for futu	re annual report notification)				
Por further informa	tion concerning this matter, please call	•				
	Susan Grant	w ( 312 1 733-0Y9 )				
Nan	ne of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.0	0 check made payable to the Departme	nt of State.				
	Malling Address: Amendment Section	Street Address: Amendment Section				
	Amenament Section Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassec, FL 32301				

CR2E045 (8/05)

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stat ange is submitted for a corporation organised under the laws of the State of Flor er to change its registered office or registered agent, or both, in the State of Flori	ida	
	the corporation: MI-DANIELS PHARMACEUTICALS, INC.	u.u.	
2. The principal	office address: 501 FIFTH ST., BRISTOL TN 37620-2304		
3. The mailing a	address (if different):		<del></del>
4. Date of incor	poration/qualification: 05/25/1962 Document number:	259379	
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	ıe	
	CORPORATION SERVICE COMPANY		
	1201 HAYS STREETTALLAHASSEE FL 32301-2525		
		運の	2011
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		APR 25
	C T Corporation System	in S	PH
	c/c C T Corporation System, 1200 South Pine Island Road		
	P.O. Box NOT acoptable		မ္
	Plantation, Plorida 33324	100	<b>G</b> (3)
The street addre	ss of its registered office and the street address of the business office of its re- be identical.	gistered agen	rt,
Such change was authorized by th	s authorized by resolution duly adopted by its board of directors or by an offi e board, or the corporation has been notified in writing of the change.	Cet so	
5	Susan Grant, Assistant Secre	tary	
	the appointment as registered agent and agree to act in this capacity, or camply with the provisions of all statutes relative to the proper and complet if amiliar with and accept the obligation of my position as registered ag filed merely to reflect a change in the registered office address, I hereby cobern notified in writing of this change.	te performan ent. Or, lf th onfirm that th	ce iis 18
зу:	orporation System 4/22/1/		•
fsigning on beh	alf of an entity:		
कर	Assistant Sourcemy Ashboy Pipes and or Printed Name		
136	* * * FILING FEE: \$35.00 * * *		

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