

# F09000001810

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
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**\*RE-SUBMIT\***

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

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**REGISTERED AGENT CHANGE  
PHARMALINK CONSULTING INC.**

Certificate of Status	0
Certified Copy	0
Page Count	059
Estimated Charge	\$35.00

10 FEB 24 PM 3:01  
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February 24, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

PHARMALINK CONSULTING INC.  
245 PARK AVENUE  
39TH FLOOR  
NEW YORK, NY 10167

SUBJECT: PHARMALINK CONSULTING INC.  
REF: F09000001810

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: F10000042400  
Letter Number: 910A00004628

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pharmalink Consulting, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** FD9000001810

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Curtis  
Name of Contact Person

Firm/Company

30 North Michigan Avenue, Suite 1412  
Address

Chicago, IL 60602  
City/State and Zip Code

steve.curtis@rcn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Curtis at ( 312 ) 425-0053  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of the corporation: Pharmalink Consulting Inc.  
2. The principal office address: 245 Park Avenue, 39th Floor, NY, NY 10167  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5-4-09 Document number: F09000001810

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)

Blumberg Excelsior Corporate Services, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301

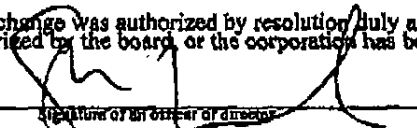
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System  
c/o CT Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

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TALLAHASSEE, FLORIDA

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

Stephen Louahrey, CEO  
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: Laura Broderek  
Signature of Registered Agent

2/22/10  
Date

If signing on behalf of an entity:

Laura Broderek  
Assistant Secretary

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

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

CR2E043 (8/05)