

F99000000070

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 SYSTEMS
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RE-SUBMIT

Please retain original filing date of submission 8/23/k

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
CARDINAL HEALTH 411, INC.**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$35.00

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SECRETARY OF STATE
HALL AND ANDERSON, FLORIDA

10 AUG 23 PM 2:56

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August 23, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CARDINAL HEALTH 411, INC.
7000 CARDINAL PLACE
DUBLIN, OH 43017

SUBJECT: CARDINAL HEALTH 411, INC.
REF: F99000000070

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

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Tina Roberts
Regulatory Specialist II

FAX Aud. #: H10000187565
Letter Number: 210A00020144

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2010 AUG 23 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARDINAL HEALTH 411, INC.
Name of Corporation

DOCUMENT NUMBER: F99000000070

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:

Melanie H. Thompson
Name of Contact Person

Cardinal Health, Inc.
Firm/Company

7000 Cardinal Place
Address

Dublin, OH 43017
City/State and Zip Code

melanie.thompson@cardinalhealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie H. Thompson at (614) 757-6254
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

CR2E045 (2/05)

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

1. The name of the corporation: CARDINAL HEALTH 411, INC.
2. The principal office address: 7000 CARDINAL PLACE, DUBLIN, OH 43017
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/05/1999 Document number: F99000000070
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)

CORPORATION SERVICE COMPANY
1201 HAYS ST.
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.

Sandy Gilliss
Signature of an officer or director

Sandy Gilliss, 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: Rebecca Barth
Signature of Registered Agent

8-9-2010
Date

If signing on behalf of an entity:
Assistant Secretary
Rebecca Barth
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 (8/05)