

M05000006032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

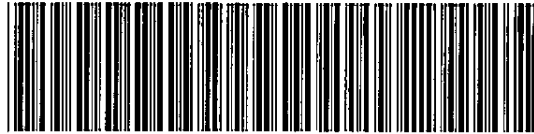
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV 29 PM 4: 24

APPROVED
AND
FILED



FILING REQUEST

November 23, 2005

FLORIDA SECRETARY OF STATE

<i>Type of Filing:</i>	CHANGE OF AGENT
<i>Subject(s):</i>	MINUTECLINIC DIAGNOSTIC OF FLORIDA, LLC
<i>Form(s) Enclosed:</i>	STATEMENT OF CHANGE OF REGISTERED OFFICE/AGENT
 <i>Supporting Document(s):</i>	 N/A
<i>Check Enclosed:</i>	CHECK #21212 FOR \$25.00
<i>Return Via:</i>	REGULAR MAIL
<i>Filing Method:</i>	ASAP

PLEASE RETURN TO: PREMIER CORPORATE SERVICES, INC.
590 PARK STREET, SUITE 6
ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions.

Thank you!

Jackie Sorman

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the limited liability company is: MinuteClinic Diagnostic of Florida, LLC
2. The mailing address of the limited liability company is : _____
7599 W. Sand Lake Road, Orlando, FL 32819

10/27/2005

M05000006032

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

National Registered Agents, Inc.
Name
2731 Executive Park Drive, Suite 4
Address
Weston, FL 33331
City, State and Zip

6. The name and address of the new registered agent and/or office:

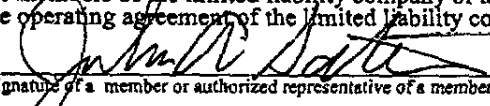
NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box NOT acceptable)
Weston FL 33331
City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV 29 PM 4:24

APPROVED
AND
FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

John A. Satorius

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
NRAI Services, Inc.


(Signature of Registered Agent)
Jackie Sorman, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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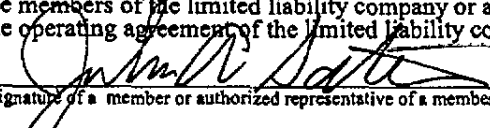
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SECRET OF STATE
TALLAHASSEE, FLORIDA

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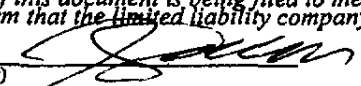
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