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FILING REQUEST

November 23, 2005

FLORIDA SECRETARY OF STATE

Type of Filing: CHANGE OF AGENT

Subject(s): MINUTECLINIC DIAGNOSTIC OF FLORIDA, LLC

Form(s) Enclosed: STATEMENT OF CHANGE OF REGISTERED OFFICE/AGENT

Supporting Document(s): N/A

Check Enclosed: CHECK #21212 FOR \$25.00

Return Via: REGULAR MAIL

Filing Method: 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, LIC 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. 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) FL 33331 Weston City, State and Zip 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 auties, 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 timited liability company has been notified in writing of this change. NRAI Services. Inc.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

(Signature of Registered Agent)
Jackie Sorman, Assistant Secretary

INH\$18(10/99)

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

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1. The name of the limited !	iability company	is: MinuteClini	e Diagnostië of Flo	orida, LLC
2. The mailing address of th	e limited liability	company is:		•
7599 W. Sand Lake Road, Orla	ando, FL 32819	~~		
10/27/2005		M	05000006032	
3. Date of filing/registration in Florida			Document number	
5. The name of the registered Florida Department of Sta	I agent and the re	gistered office add	ress as shown on the	records of the
	ational Registered	Agents, Inc.		
		Name		
2731 Executive Park Drive, Suite 4				
		Address		
<u> </u>	eston, FL 33331			
	Ci	ty, State and Zip		
6. The name and address of	the new registered	d agent and/or offic	e:	OS N
<u>NF</u>	RAI Services, Inc.			
27	31 Executive Park	Name Drive, Suite 4		05 NOV 29 PM 4: 24 SECRETATIOF STATE TALLAHASSEE, FLORIDA
Ī	lorida street addr	ress (P.O. Box NO	T acceptable)	SEE, F
<u>w</u>	eston	FL 33331		ES F:
	City	, State and Zip		
If the limited liability compaconfirmed that after the chan and the business office of the liability company, it is hereb the members of the limited lithe operating agreement of the limited lithest lith	age or changes are e registered agent y confirmed that t lability company of the limited lability	e made, the Florida will be identical. the change(s) was/or as otherwise proyecompany.	street address of the Or, in the case of a I were authorized by a	e registered office Florida limited an affirmative vote of
		- ,		
John A. Satorius (Printed or typed name of signee)				
I hereby accept the appoints comply with the provisions of and I am familiar with and a Chapter 508, F.S. Or, if this address, I hereby confirm the NRAI Services. Inc.	nent as registered f all statutes relat ccept the obligati document is bein at the limited liab	d agent and agree tive to the proper cions of my position ag filed to merely rillty company has	to act in this capacit and complete perfori as registered agent effect a change in th been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
(Signature of Registered Agent) Jackle Sorman, Assistant Seci Division (otary of Corporations,	P.O. Box 6327, T	allahassee, FL 323	14

FILING FEE: \$25.00

INH\$18(10/99)