

Division of Corporations

PO9000004491

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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
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.

Email Address: _____

REGISTERED AGENT CHANGE
SPECIALTY PHARMACY NURSING NETWORK, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

14 NOV -4 PM 4: 59

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

14 NOV -4 AM 9: 46

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TALLAHASSEE, FLORIDA

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NOV 05 2014

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Specialty Pharmacy Nursing Network, Inc.

Name of Corporation

DOCUMENT NUMBER: P09000004491

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:

Thomas Gregory

Name of Contact Person

Specialty Pharmacy Nursing Network, Inc.

Firm/Company

1800 2nd St. Suite 720

Address

Sarasota, FL 34236

City/State and Zip Code

tgregory@spaninc.com

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

For further information concerning this matter, please call:

Thomas Gregory at (941) 366-7330 X109

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

CR2ED45 (03/12)

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

- 1. The name of the corporation: Specialty Pharmacy Nursing Network, Inc.
- 2. The principal office address: 1800 2nd St. Ste 720 Sarasota, FL 34209
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 01/15/2009 Document number: P09000004491

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)

Thomas Gregory
1800 2nd St. Ste 720 Sarasota, FL 34209

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

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

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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.

Thomas Gregory Thomas Gregory Secretary
 Signature of an officer or director 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: CT Corporation System 11/3/2014
 Signature of Registered Agent Date

If signing on behalf of an entity:
Jordan Brown Asst. Secretary
 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 (03/12)