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July 19, 2000

200003333492--9 -07/24/00--01110--013 *****35.00 ******35.00

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

Re:

Liberty Medical Supply, Inc.

Liberty Direct Services Corporation Liberty Home Pharmacy Corporation Liberty Enteral Products Corporation

Gentlemen:

Enclosed are Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above-referenced corporations. Also enclosed are this firm's checks to cover the filing fee for each.

Thank you for your assistance.

LIA CLOUDE

RNK/ew

Enclosures

cc: Keith Trowbridge

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<u>DEAN</u> MEAD

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned	d corporation organized under the laws of		
submits the foll the State of Flo		egistered office or registered agent, or both, in	
•	the corporation is: LIBERTY DIRECT SI	ERVICES CORPORATION	, ,
2. The mailing	address of the corporation is: 10045 S.	FEDERAL HIGHWAY, PORT ST. LUCIE, FL 349	52
3. Date of inco	rporation/qualification: 1/25/2000	Document number: F0000000467	
4. The name an	d address of the current registered agent a	and office:	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD	8	
5. The name an	PLANTATION, FL 33324 ad address of the new registered agent and	l office: (P. O. Box Not Acceptable)	
	ROBERT N. KLEIN C/O DEAN, MEAD, MINTON & KLEIN 1903 S. 25TH STREET, SUITE 200 FT. PIERCE, FL 34947	AM 9: 29 STATE FLORIDA	-
agent, as chang	ged, will be identical. Vas authorized by resolution duly adopted	address of the business office of its registered d by its board of directors or by an officer so	
	antin	JULY 14, 2000	
	of an officer chairman or vice chairman of the board	f) (Date)	
WARREN K.	TROWBRIDGE, SECRETARY (Printed or typed name and title)		
corporation, I I further agree	if my duties, and I am familiar with and o	ered agent and agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as	
The	(Signature of Registered Agent)	JULY /8 , 2000 (Date)	. .
If signing on beh		• ,	
***************************************	(Typed or Printed Name)	(Capacity)	
	* * * FILING FEE:	: \$35.00 * * *	

CR2E045(7/97)