

Division of Corporations  
**F000000000468** Page 1 of 1

Florida Department of State  
Division of Corporations  
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**REGISTERED AGENT CHANGE**

**LIBERTY HOME PHARMACY CORPORATION**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Liberty Home Pharmacy Corporation
2. The principal office address: 8881 Liberty Lane, Port St. Lucie, FL 34952
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/25/00 Document number: F08000000468
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Robert N. Klein

c/o Dean, Mead, Minton & Klein

1903 South 25th Street, Suite 200, Fort Pierce, FL 34947

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

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

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.

Robert N. Klein  
(Signature of an officer, chairman or vice chairman of the board)

Robert Mark, President/Treasurer/Secretary  
(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: W. H. Feltz KEITHEN BETZGER

(Signature of Registered Agent)

VICE PRESIDENT

(Date) 3-10-04

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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