| (Re                     | equestor's Name)   | <del>, .</del> |
|-------------------------|--------------------|----------------|
| (Ad                     | idress)            |                |
| (Ac                     | ldress)            |                |
| (Ći                     | ty/State/Zip/Phone | · #)           |
| PICK-UP                 | ☐ WAIT             | MAIL           |
| <b>(</b> Bı             | isiness Entity Nam | ne)            |
| (Do                     | ocument Number)    |                |
| Certified Copies        | Certificates       | of Status      |
| Special Instructions to | Filing Officer:    |                |
|                         |                    |                |
|                         |                    |                |
|                         |                    |                |

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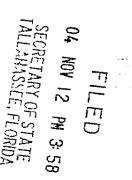


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ACCOUNT NO. : 072100000032

REFERENCE: 966020 7382502

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: November 10, 2004

ORDER TIME : 10:33 AM

ORDER NO. : 966020-015

CUSTOMER NO: 7382502

CUSTOMER: Ms Lorelei Kutcher

Publicis - U.s. Shared

22nd Floor

35 W. Wacker Drive Chicago, IL 60601

## CHANGE OF AGENT

NAME: SAATCHI & SAATCHI HEALTHCARE

COMMUNICATIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan SXT. 2955

## 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 tatement of change is submitted for a corporation organized under the laws of the State of $\frac{\text{New York}}{\text{New York}}$ in order to change its registered office or registered agent, or both, in the State of Florida.  | _                  |
|--|--------------------|
| . The name of the corporation: SAATCHI & SAATCHI HEALTHCARE COMMUNICATIONS, INC.   |                    |
| The principal office address: 375 Hudson Street, New York, NY 10014  |                    |
| . The mailing address (if different): 666 Third Avenue, New York, NY 10017   |                    |
| . Date of incorporation/qualification: January 02, 2003 Document number: F03000000022  |                    |
| . The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |                    |
| C T Corporation System AS 9  |                    |
| 1200 South Pine Island Road  | 7                  |
| Plantation, FL 33324   | <u>.</u><br>T      |
| The name and street address of the new registered agent (if changed) and /or registered offices (if changed):  | ;                  |
| Corporation Service Company  |                    |
| 1201 Hays Street   |                    |
| (P.O. Box NOT acceptable)  |                    |
| Tallahassee, FL 32301  |                    |
| he street address of its registered office and the street address of the business office of its registered age<br>s changed will be identical.   | ent,               |
| uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.  |                    |
| Sondra Thorson, Vice President and Asst. Secretary  (Printed or typed name and title)  | _                  |
| hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performa f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if occument is being filed merely to reflect a change in the registered office address, I hereby confirm that be provided in writing of this change. | nce<br>this<br>the |
| Corporation Service Company  (I) (Signature of Registered Agent)  (Date)   | <b>-</b>           |
| signing on behalf of an entity:  |                    |
| acqueline M. Giles   |                    |
| (Typed or Printed Name)  |                    |

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