## F03000002024

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AJR 05/24/05



ACCOUNT NO. : 072100000032

REFERENCE: 342361 7385764

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: April 28, 2005

ORDER TIME : 9:19 AM

ORDER NO. : 342361-130

CUSTOMER NO: 7385764

CUSTOMER: Maria Sattler

Curative Health Services Inc.

150 Motor Parkway

Hauppauge, NY 11788-5145

CHANGE OF AGENT

NAME: MEDCARE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY
XX\_ PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

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

	sions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this s submitted for a corporation organized under the laws of the State of Delaware
	hange its registered office or registered agent, or both, in the State of Florida.
1. The name of the co	orporation: MEDCARE, INC. d/b/a in Florida CURATIVE PHARMACY SERVICES, INC.
2. The principal office	e address:k Road, Nashua, NH 03060
3. The mailing addres	es (if different):
4. Date of incorporation	on/qualification: 04/23/2003 Document number: F03000002024
	et address of the current registered agent and registered office on file with the
Ст	Corporation System
1200	South Pine Island Road
Plan	ntation, FL 33324
6. The name and stree (if changed):	et address of the new registered agent (if changed) and /or registered office
Corp	poration Service Company
1201	l Hays Street
	(P.O. Box NOT acceptable)
Tall	lahassee, FL 32301
The street address of as changed will be id	its registered office and the street address of the business office of its registered agent, lentical.
Such change was authorized by the boa	horized by resolution duly adopted by its board of directors or by an officer so ard, or the corporation has been notified in writing of the change.
Maure	Maureen Cullen, signing on behalf of
I hereby accept the a I further agree to con of my duties, and I an document is being fill corporation has been	Nancy F. Lanis, Executive VP ppointment as registered agent and agree to act in this capacity.  In provisions of all statutes relative to the proper and complete performance of familiar with and accept the obligation of my position as registered agent. Or, if this ed merely to reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.  Service Company
_	May 13, 2005 of Registered (gent) (Date)
( (9 ignature	of Registered Agent) (Date)
If signing on behalf o	of an entity:
Sylvia Queppet,	Asst. VP
(Typed or	r Printed Name)

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