Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000299320 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (650)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 CAREFUSION 303, INC.

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

12/22/2011

https://efile.sunbiz.org/scripts/efilcovr.exe

TBrown

COVER LETTER

| TO: An Di | nendment Section vision of Corporations | |
|---------------|---|--|
| SUBJECT | Care | Fusion 303, Inc. |
| | | ame of Corporation |
| DOCUME | NT NUMBER: | F03000603115 |
| The enclose | ed Statement of Change of Register | red Office/Agent and fee are submitted for filing. |
| Please retur | n all correspondence concerning th | nis matter to the following: |
| | Nan | ne of Contact Person |
| | | Pirm/Company |
| | | |
| | | Address |
| | City | /State and Zip Code |
| | E-mail address: (to be use | ed for future annual report notification) |
| or further is | nformation concerning this matter, | please call: |
| | Name of Contact Person | at () Area Code & Daytime Telephone Number |
| inclosed is a | s \$35.00 check made payable to the | - |
| | , , , , , , , , , , , , , , , , , , , | |
| | Matting Address: Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231 | Clifton Building 4 2661 Executive Center Circle |
| | | Taliahassee, FL 32301 |

CRZE045 (1/05)

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

| statement of c | ie provisions of sections 607.03 hange is submitted for a corpor der to change its registered offi | ration organize | d under the laws of the State i | of DE |
|--|--|--|---|---|
| | of the corporation: | | and an install to the State of | y I Torress |
| | al office address: 3750 TORRE | | N DIEGO CA 92130 | |
| 3. The mailing | address (if different): 3750 TO | RREY VIEW C | T SAN DIEGO CA 92130 | Y |
| 4. Date of inco | rporation/qualification: | 06/24/2003 | Document number: | F03000003115 |
| 5. The name ar Florida Dep | ad street address of the current artment of State: (If resigned, e | registered agen enter resigned) | t and registered office on file | with the |
| | CORPORATION SERVICE | COMPANY | | |
| | 1201 HAYS STREET | | | |
| | TALLAHASSEB FL 32301-2 | 525 | | |
| 6. The name ar (if changed): | nd street address of the new reg | jstered agent (ii | changed) and for registered of | MILAHASSEE. FLORIDA |
| | C T Corporation System | | | _ |
| | c/o C T Corporation System, 1 | 200 South Pine | Island Road | |
| | | P.O. Box NOT acox | puble | |
| | Plantation, Florida 33324 | | | |
| The street add: is changed wil | ress of its registered office and I be identical. | i the street add | ress of the business office of | its registered agent, |
| Such change wanthorized by t | as authorized by resolution di the board, or the corporation h | uly adopted by as been notifie | its board of directors or by a d in writing of the change. | an officer so |
| F-W | 8th Bold | | Kristin Bolden, See | erctary |
| • | ite of an officer of director | | Printed of typed name and | |
| hereby accept further agree of my duties, as locument is be corporation ha | t the appointment as registere to comply with the provisions nd I am familiar with and acc ing filed merely to reflect a ch s been notified in writing of it | d agent and ag s of all statutes ept the obligati sange in the rep his change. | ree to act in this capacity, relative to the proper and co on of my position as registe gistered office address, I her | omplete performance red agent. Or, if this eby confirm that the |
| By: $\bigcap_{n=1}^{C} T$ | Corporation System | | 12/20/2011 | |
| Sig | nature of Registered Agent | | Data | <u></u> |
| f signing on be | chalf of an entity: | • | | |
| Jame | s M. Halpin | | | |
| Assist | grat Sometona. | - | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (\$405)

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