

# F040000002800

Florida Department of State  
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From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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## REGISTERED AGENT CHANGE

PORTLAND PROFESSIONAL PHARMACY ASSOCIATES INC.

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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 Maine in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Portland Professional Pharmacy Associates Inc.
2. The principal office address: 53 Darling Avenue, South Portland, ME 04106
3. The mailing address (if different): 26 Harbor Park Drive, Port Washington, NY 11060

4. Date of incorporation/qualification: 5/20/04 Document number: F04000002800

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street, Tallahassee, FL 32301

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

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.

[Signature]  
(Signature of an officer or director)

Mark Eppley, Attorney in Fact

(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: C T Corporation System

[Signature]  
(Signature of Registered Agent)

6/25/08  
(Date)

If signing on behalf of an entity:

Mark S. Eppley

Assistant Vice President  
and Secretary

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)


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2008 JUL -3 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Mark Thierer, the President of informedRx, Inc. ("the Company"), a corporation organized under the laws of Delaware, does hereby appoint Mark Eppley and Jennifer Sodano as attorney-in-fact for the Company for the limited purposes authorized herein.

The Company and its subsidiary entities, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Company's and any affiliated entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation System (or affiliated entity).

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 6<sup>th</sup> day of June, 2008.

  
\_\_\_\_\_  
Mark Thierer, President  
informedRx, Inc.

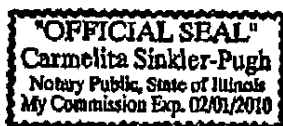
STATE OF ILLINOIS )  
COUNTY OF DUPAGE ) SS:

The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of June, 2008, by MARK THIENER, as PRESIDENT and on behalf of INFORMEDRX, INC., a DELAWARE CORPORATION, such individual is personally known to me.

Sign Name: Carmelita Sinkler-Pugh  
Print Name: CARMELOTA SINKLER-PUGH

Notary Public  
Serial No. (none if blank): \_\_\_\_\_

My Commission Expires:  
(Notarial Seal)



## Subsidiary Entities

NMHC Rx Mail Order, Inc.,  
National Medical Health Card IPA, Inc.,  
NMHC Group Solutions Insurance, Inc.,  
Pharmaceutical Care Network,  
Portland Professional Pharmacy,  
Portland Professional Pharmacy Associates, Inc.