Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)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:

COR AMND/RESTATE/CORRECT OR O/D RESIGN AERO-MED LTD CO.

Certificate of Status	0
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Corporate Filing Menu

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JUN 1 2 2014

T. CARTER

6/11/2014

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

COVER LETTER

Division	nent Section n of Corporations		*
Aer SUBJECT:	o-Med Ltd Co.		
DOING CITY	Name of Co	rporation	
DOCUMENT!	F05000002218		
The enclosed St	atement of Change of Registered Office	/Agent and fee	are submitted for filing.
Please return all	correspondence concerning this matter	to the followir	ng:
	Stephanie Ludwig		
	Name of Con	tact Person	
•	Cardinal Health, Inc., Legal Departmen	t ·	
	Firm/Con	npany	
	7000 Cardinal Place		
	Addr	ess	
	Dublin, OH 43017		
•	City/State and	Zip Code	
	pamela.foose@eardinalhealth.com		
	E-mail address: (to be used for fu	ture annual re	eport notification)
For further info	rmation concerning this matter, please c	all:	
Stephanie Ludwi	g	614 at (757-5470
1	Name of Contact Person	Area Coo	ic & Daytime Telephone Number
Enclosed is a \$3	5.00 check made payable to the Departs	nent of State.	
	Mailing Address; Amendment Section	Stree Ame	et Address: ndment Section
	Division of Corporations		sion of Corporations
	P.O. Box 6327		on Building
	Tallahassee, FL 32314		Executive Center Circle

CR2E045 (03/12)

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

l. The name o	of the corporation: AERO-MED LTD CO.		
2. The princip	pal office address: 85 COMMERCE STREET GLASTONBURY, CT 06033		
3. The mailin	g address (if different):		
4. Date of inc	corporation/qualification: 04/06/2005 Document number: F05000002218		
5. The name	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)		
	GAY, SHERI K		7
	1355 Madison Ivy Circle		
	Apopka, FL 32712	=	i :
6. The name a	and street address of the new registered agent (if changed) and for registered office i):	AH II: O	;
•	C T Corporation System	01	
	1200 South Pine Island Road		<u>_</u> >
	P.O. Box NOT acceptable		
	Plantation, Florida 33324		
as changed v	idress of its registered office and the street address of the business office of its register will be identical.		
as changed v	idress of its registered office and the street address of the business office of its register		
as changed w Such change authorized o	idress of its registered office and the street address of the business office of its register will be identical. was authorized by resolution duly adopted by its board of directors or by an officer so y the board, or the corporation has been notified in writing of the change. Rylan O. Rawlins, Assistant Secretary		
as changed w Such change authorized or Sig I hereby accol I further agri- performance orgent. Or, if hereby confil	Idress of its registered office and the street address of the business office of its register vill be identical. was authorized by resolution duly adopted by its board of directors or by an officer so y the board, or the corporation has been notified in writing of the change. Rylan O. Rawlins, Assistant Secretary Printed or typed name and title sept the appointment as registered agent and agree to act in this capacity, see to comply with the provisions of all statutes relative to the proper and complete of my dulies, and I am familiar with and accept the obligation of my position as register finis document is being filed merely to reflect a change in the registered office address run that the corporation has been notified in writing of this change.		
Such change authorized of Signature	idress of its registered office and the street address of the business office of its register vill be identical. was authorized by resolution duly adopted by its board of directors or by an officer so y the board, or the corporation has been notified in writing of the change. Rylan O. Rawlins, Assistant Secretary Printed or typed name and title ept the appointment as registered agent and agree to act in this capacity, et to omply with the provisions of all statutes relative to the proper and complete of my duites, and I am familiar with and accept the obligation of my position as registered.		
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)