

Florida Department of State
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.

((H11000300365 3)))



H110003003653ABCT

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
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: _____

**REGISTERED AGENT CHANGE
MEDIVANCE, INC.**

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

RECEIVED

11 DEC 23 AM 8:05

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2011 DEC 23 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AR
12/27/11
12/23/2011

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDIVANCE, INC.
Name of Corporation

DOCUMENT NUMBER: F05000006602

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myra McGinley
Name of Contact Person

C. R. Bard, Inc.
Firm/Company

730 Central Avenue
Address

New Providence NJ, 07974
City/State and Zip Code

Myra.McGinley@orbard.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myra McGinley at (908) 277-8000
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2B045 (8/05)

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

1. The name of the corporation: Medivance, Inc.
2. The principal office address: 730 Central Avenue New Providence NJ, 07974
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/08/2005 Document number: F05000006602
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NATIONAL CORPORATE RESEARCH LTD INC

515 E PARK AVE 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 of an officer or director

Melissa Fox
Vice President
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: 
Signature of Registered Agent

12/27/2011
Date

If signing on behalf of an Assistant Secretary

Typed or Printed Name

*** 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)

FILED
2011 DEC 23 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA