

Fo5000006602

Florida Department of State  
 Division of Corporations  
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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: \_\_\_\_\_

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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FLORIDA  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
 MEDIVANCE, INC.**

Certificate of Status	0
Certified Copy	0
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Adr  
 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: PO5000006602

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

2011 DEC 23 AM 1111  
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 TALLAHASSEE, FL

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  
1988 President

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  
Office of the

12/22/2011

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

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