

F06000003241

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REGISTERED AGENT CHANGE****NMHC GROUP SOLUTIONS INSURANCE, 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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NMHC Group Solutions Insurance, Inc.
2. The principal office address: 103 Foulk Road, Suite 202, Wilmington, DE 19803
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/3/06 Document number: F06000003241

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: [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 (8/03)

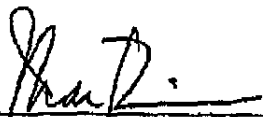
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SECRETARY OF STATE
TALLAHASSEE, FL 08101A

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 Bppley 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 6th day of June, 2008.



Mark Thierer, President
informedRx, Inc.

STATE OF ILLINOIS)
COUNTY OF DUPAGE) SS:

The foregoing instrument was acknowledged before me this 6th 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.

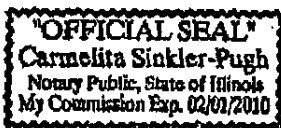
Sign Name:

Print Name:

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.