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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:

## REGISTERED AGENT CHANGE WELLDYNERX, INC.

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

## **COVER LETTER**

Corporations	•
yneRx, Inc.	
(Name of C	Corporation)
MBER: F07000002972	
nent of Change of Registered Offic	e/Agent and fee are submitted for filing.
respondence concerning this matte	to the following:
Curryl R. Guina	
	ntact Person)
•	• •
(Firm/C	овтрапу)
in Rustus I anding Drive	
•	ress)
	•
	. <u></u>
(City/State a	nd Zip Code)
ion concerning this matter, please	call:
	ut ( 888 ) 479-2000 cxt. 6574 (Area Code & Daytime Telephone Number)
ne of Contact Person)	(Area Code & Daytime Telephone Number)
oheck made payable to the Depar	tment of State.
Mulling Address:	Strept Address: Amendment Section
Division of Corporations	Division of Corporations
	Corporations  yneRx, Inc.  (Name of Comment of Change of Registered Office respondence concerning this matter.)  (Name of Comment of

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

CR2E045 (\$/05)

FILOMA - #0/14/2000 C T System Uniters

P.O. Box 6327

Tallahassee, FL 32314

## 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: WellDyncRx, Inc.	
2. The principal office address: 500 Eagles Landing Drive, Lakeland, FL 33810	
3. The mailing address (if different): Same us above.	
4. Date of incorporation/qualitication: 08/26/1999 Document number: F07000002972	
<ol> <li>The name and street address of the current registered agent and registered office on file with the Florida Department of State:</li> </ol>	
Corporation Service Company	
1201 Hays Street	
Tullulrasuce, FL 32301-2525	
<ol> <li>The name and street address of the new registered agent (if changed) and for registered office (if changed):</li> </ol>	
C T Corporation System	
c/o C T Corporation System, 1200 South Pine Island Road	
(P.O. Box NOT acceptable) Plantation, Florida 33324	
	ıa <b>d</b>
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	ш,
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.	
Philip Mowry, Vice President and General Counsel (Figured or types name and file)	_
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 performed of my duties, and I am familian with and accept the obligation of my position as registered agent. Or, if the document is being filed merch to reflect a change in the registered office address, I hereby confirm that to conformition has been untilled in writing of this change.	nce his he
By: No let Companion System 8 - 9 - 11	_
(Significant Agent)  (If signing on behalf of an entity:	
Madonna Cuddity	
Special Assistanti-Searcially	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314

CERTIFIC BY 14/2005 C T Rysemi Ordina

CR2E045 (8/05)