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OT

Division of Corporations

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Account Number: 110432003053 Phone: (561)694-8107

Fax Number

: (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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RIBALL	AGGERSSI			_	_

REGISTERED AGENT CHANGE OUTPATIENT INFUSION SYSTEMS, INC.

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DEPARTMENT OF STATE
WISHON OF CORPORATION
TALL AHASSEE, FLORIDA

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

1. The name of the corporation is: Outpatient Infusion Systems, Inc.	
2. The principal office address: 800 Technology Center Dr	
Stoughton MA 02072	
3. The mailing address (if different): 800 Technology Center Dr	. 28
Stoughton MA 02072	
4. Date of incorporation/qualification: 7/13/2007 Document Num	ther F07000003562
5. The name and street address of the current registered agent and registered	22 - 22
Florida Department of State:	ornce on tile with the
C T CORPORATION SYSTEM	
1200 SOUTH PINE ISLAND ROAD	7.
PLANTATION FL 33324	2017
6. The name and street address of the new registered agent (if changed) and / (if changed):	or registered office
Corporate Creations Network Inc.	
11380 Prosperity Farms Road #221E	
(P.O. Box Not acceptable) Palm Beach Gardens FL 33410	
The street address of its registered office and the street address of the bus	ness office of its registered
agent, as changed will be identical.	" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Such change was authorized by resolution duly adopted by its board of dauthorized by the board, or the corporation has been notified in writing of the	change.
by Lauren Vadney as at (Signature Stan officer or director) (Printed or T	(Vpcd name and title)
I hereby accept the appointment as registered agent and agree to act in this of I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the obligation of agent. Or, if this document is being filed merely to reflect a change in the hereby confirm that the corporation has been notified in writing of this change	the proper and complete of my position as registered registered office address. I
01	1/05/2017
(Signature of Acgistered Agent)	(Date)
If signing on behalf of an entity:	
Lauren Vadney, Special Secretary (Typed or Printed Name)	
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMEN MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAL	
Corporate Creations International Inc.	
11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107	