F09 1678

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
CAREFUSION 203, INC.

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

RECEIVED 11 DEC 22 AM 8:03

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____ CareFusion 203, Inc. _____
Name of Corporation

DOCUMENT NUMBER: _____ F09000001678 _____

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:

_____
Name of Contact Person

_____
Firm/Company

_____
Address

_____
City/State and Zip Code

_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____)_____
Name of Contact Person   Area Code & Daytime Telephone Number

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

Mailing Address: Street Address:
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                Tallahassee, FL 32301

CR2E045 (8/05)

FLDOS - 07/23/2009 CT System OnLine

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

1. The name of the corporation: CareFusion 203, Inc.

2. The principal office address: 3750 TORREY VIEW CT SAN DIEGO CA 92130

3. The mailing address (if different): 3750 TORREY VIEW CT SAN DIEGO CA 92130

4. Date of incorporation/qualification: 04/24/2009   Document number: F09000001678

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)

   CORPORATION SERVICE COMPANY

   1201 HAYS STREET

   TALLAHASSEE FL 32301-2525

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~~	Kristin Bolden, Secretary
	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.

C T Corporation System

By: _____   12/20/2011
    Signature of Registered Agent   Date

If signing on behalf of an entity:

James M. Halpin
~~Assistant 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

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