

F/2000000341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 28 PM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12 SEP 28 PM 4:21
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SEP 28 2000
T. LEMIEUX

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09-28-2012

NAME: ASSURERX HEALTH, INC

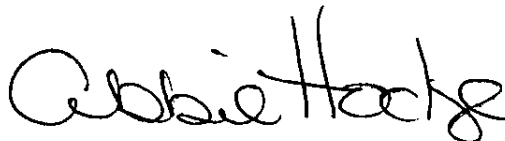
TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: \$35

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read "Abbie Hodge", is written over the printed name "ABBIE/PAUL HODGE". The signature is cursive and fluid.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2012

FLORIDA FILING & SEARCH SERVICES
WALK-IN
TALLAHASSEE, FL

SUBJECT: ASSURERX HEALTH, INC.
Ref. Number: F12000000341

We have received your document for ASSURERX HEALTH, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 112A00024234

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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: AssureRx Health, Inc.
2. The principal office address: 6030 S. Mason-Montgomery Rd.
Mason, OH 45040
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/24/2012 Document number: F12000000341

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)

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Florida Filing & Search Services, Inc.
155 Office Plaza Dr., Suite A
P.O. Box NOT acceptable
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

DONALD W. WAT / COO
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.

Abbie P. Hodge
Signature of Registered Agent

9/28/12
Date

If signing on behalf of an entity:

ABBIE P. HODGE
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

CR2E045 (03/12)