

Division of Corporations

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F12000004060

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (350) 222-1092
Fax Number : (350) 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: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**REGISTERED AGENT CHANGE
ACARIAHEALTH PHARMACY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/18/2014

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

1. The name of the corporation: ACARIAHEALTH PHARMACY, INC.
2. The principal office address: 6923 LEE VISTA BLVD STE 200 ORLANDO, FL 32822
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/03/2012 Document number: F12000004060
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)

NRAI SERVICES, INC.

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):

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.

Katherine Lackey

Signature of an officer or director

Katherine Lackey, Vice President

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: C T Corporation System
Katherine Lackey
Signature of Registered Agent

11/17/2014

Date

If signing on behalf of an entity:

Katherine Lackey, Asst. Sec.

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT AcariaHealth, Inc. ("Corporation"), a corporation incorporated under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Alfred Younan, Jennifer Kurz, Jessica Heimann & Katherine Lackey, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, 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 Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Alfred Younan, Jennifer Kurz, Jessica Heimann & Katherine Lackey shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this November 7, 2014

AcariaHealth, Inc.
A Delaware Corporation

By: _____

Name: Stephen Jensen

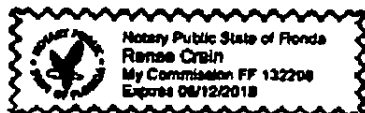
Title: CFO

State of Florida
County of Orange

On November 7, 2014 before me, the undersigned, a Notary Public in and for said State, personally appeared Stephen Jensen, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Rene Crain
<<Name of Notary>>, Notary Public



Attachment A

AcariaHealth Entity Listing:

Specialty Therapeutic Care Holdings, LLC
Specialty Therapeutic Care, LP
Specialty Therapeutic Care, GP, LLC
Specialty Therapeutic Care West, LLC
AcariaHealth, Inc. (formerly Specialty Therapeutic Care Acquisition Holdings, Inc.)
AcariaHealth Pharmacy, Inc. (ITS Pharmacy, Inc.)
New York RX, Inc.
AcariaHealth Pharmacy #13, Inc. (formerly El Rey RX, Inc.)
AcariaHealth Pharmacy #14, Inc. (formerly Capital RX, Inc.)
AcariaHealth Pharmacy #11, Inc. (formerly TS RX, Inc.)
AcariaHealth Pharmacy #12, Inc. (formerly Forest Hills RX, Inc.)
AcariaHealth Solutions, Inc.