

Division of Corporations

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F14000004056

**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: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
SALVEO SPECIALTY PHARMACY, INC.**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 27 2015

T. CARTER

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SALVEO SPECIALTY PHARMACY, INC.
Name of Corporation

DOCUMENT NUMBER: F1400004056

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:

Christine Feldman, Licensing Administrator

Name of Contact Person

Catamaran

Firm/Company

1600 McConnor Parkway

Address

Schaumburg, IL 60173

City/State and Zip Code

christine.feldman@catamaranrx.com

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

For further information concerning this matter, please call:

Christine Feldman

925

519-8819

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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

- ST.PETERSBURG, FL 33701-4311

- Plantation, Florida 33324**

Signature of Lia Officer or Director

Printed or typed name and title

By:

1/23/2015

Signature of Registered Agent

Date _____

CT Corporation **Assistant Secretary**

Typed or Printed Name

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FL004 - 01/70/2013 Windsor Klover Odors

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