

## 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 SALVEO SPECIALTY PHARMACY, INC.

Certificate of Status	0
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JAN 2 7 2015

T. CARTER

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## **COVER LETTER**

TU:	Division of Corporations				
cup re	SALVEO SPECIALTY PHARMACY, INC.				
SOBJE	CCT:Name of Corporation				
DOCU	F14000004056 IMENT NUMBER:				
The one	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
	return all correspondence concerning this matter to the following:				
	Christine Feldman, Licensing Administrator				
	Name of Contact Person				
	Catsmaran				
Firm/Company					
	1600 McConnor Parkway				
Address					
Schaumburg, 1L 60173					
	City/State and Zip Code				
	christine.feldman@catamaranrx.com				
	E-mail address: (to be used for future annual report notification)				
For fur	ther information concerning this matter, please call:				
Christin	ne Peldman 925 519-8819				
	Name of Contact Person at ()  Area Code & Daytime Telephone Number				
Enclose	ed is a \$35.00 check made payable to the Department of State.				
	Malling Address: Amendment Section Division of Corporations  Street Address: Amendment Section Division of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.0502, ( nge is submitted for a corporation organize to change its registered office or registere		-
1. The name of t	he corporation: SALVEO SPECIALTY PHAI	RMACY, INC.	
2. The principal	1400 14-0	aumburg, IL 60173	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 09/25/2014	Document number: F14000004056	
5. The name and	street address of the current registered age iment of State: (If resigned, enter resigned)	nt and registered office on file with the	
	WEIDNER, DAVID		
	270 IST AVE.S., SUITE 302		
	ST.PETERSBURG, PL 33701-4311		<del>15</del>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			JAH 27
	C T Corporation System		-D
	c/a C T Corporation System, 1200 South Pine	Island Road	<i>∴</i>
	P.O. Box NOT acceptable Plantation, Florida 33324		ယ
	ss of its registered office and the street add the identical,	dress of the business office of its registered age	:nt,
Such change was authorized by th	sauthorized by resolution duly adopted by	its board of directors or by an officer so ed in writing of the change.	
		Albert Thigpen, CFO, EVP-Finance, Sec., Treas.	_
Ilherdoy accept Istar ther agree I performance of agent. Or, if thi hereby confirm	the appointment as registered agent and a occupily with the provisions of all statute by duties, and I ain familiar with and accument is being filed merely to reflect that pe corporation has been notified in w	Printed or typed name and unto gree to act in this capacity. It relative to the proper and complete apt the obligation of my position as registered a change in the registered office address, I writing of this change.	
By: \\	() 1/VW	/23/2015	_
_	esture of Registered Agent	Pole	
If signing on being CT Corporation	Kristin Bolden Assistant Secretary Ped 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)