

F94000006203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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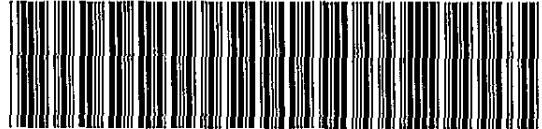
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

ADP
5/19/05



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 342361 7385764

AUTHORIZATION :

Patricia Piro

COST LIMIT : \$ 35.00

ORDER DATE : April 28, 2005

ORDER TIME : 9:46 AM

ORDER NO. : 342361-135

CUSTOMER NO: 7385764

CUSTOMER: Maria Sattler
Curative Health Services Inc.
150 Motor Parkway

Hauppauge, NY 11788-5145

CHANGE OF AGENT

NAME: HEMOPHILIA ACCESS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: *Jane Lee ext 2914*

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

1. The name of the corporation: HEMOPHILIA ACCESS, INC.
2. The principal office address: 100 Winners Circle, Suite 120, Brentwood, TN 37027
3. The mailing address (if different): 61 Spit Brook Road, Nashua, NH 03060
4. Date of incorporation/qualification: 12/06/1994 Document number: F94000006203
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

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):

Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

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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.

Maureen Cullen
(Signature of an officer or director)

Maureen Cullen, signing for
(Printed or typed name and title)
Nancy F. Lanis, EVP

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.

Corporation Service Company
By Sylvia Queppet
(Signature of Registered Agent)

May 13, 2005
(Date)

If signing on behalf of an entity:

Sylvia Queppet, Asst. VP
(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