CHARLES COYLE & COMPANY, INC.

826 Shadybrook Drive

Suite B

Marietta, GA 30066-6215

Phone: (800) 211-8645 Fax: (800) 211-8647

Date:

3-3-98

Addressee:

FL - Division of Corporations

****140.00 *****35.00

DINSTA-CARE Holdings, INC. [FL]

Re: 2) PHARMACY DYNAMICS GROUP, INC. [FL]

3.) Insta-Care Pharmacy Services Componetion [TX]

4.) Bharmacy Conformation of America [CA]

"stotements of change of Reg. stered office + Reg. stered Agent

Enclosed are documents for an included filing on behalf of the above.

PLEASE RETURN THE EVIDENCE BY

CHARLES COYLE & COMPANY, INC. TO: 826 Shadybrook Drive Suite B

Marietta, GA 30066-6215

Please call me on our toll free telephone number if there are any problems.

Sincerely,

RA.C. hongs 3-10-98

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections Florida Statutes, the undersigned corporation submits the following	oration organized u	inder the laws of the	State of
or registered agent, or both, in the Sta	te Florida.		
1a. The name of the corporation is:	Ensta-Care	Holdings, Inc	
1b. Date of incorporation: August 8	, 1982 D	ocument number F	-94997
2. The name and address of the curre	ent registered agen	t and office:	
CORPORATION	serviceCo	mpany	
1201 Hays St.		·	2525
3. The name and address of the new			므
(P.O. Box Not Acceptable	e)		SECRE VISION 98 MAR
NRAI Services, Inc.	·····		
79. T	n.a.		6 PA
526 East Park Avenue, Tallahassee, Florida 3230	VI		
The street address of its registered age	ent and the street a	ddress of the busine	
of its registered agent as changed will			ATE ATE
Such change was authorized by resolution officer so authorized by the board. SIGNATURE 2/23/98		ensubler M.D Propriet	·
HAVING BEEN NAMED AS REGISTERE PROCESS FOR THE ABOVE STATED OF THIS CERTIFICATE, I HEREBY ACC AGENT AND AGREE TO ACT IN THIS WITH THE PROVISIONS OF ALL STAT PLETE PERFORMANCE OF MY DUTIES THE OBLIGATION OF MY POSITION A	CORPORATION AT EPT THE APPOINT CAPACITY. I FUR TUTES RELATIVE S, AND I AM FAM	THE PLACE DESIGNED THEN AS REGISTE RETHER AGREE TO COMMON THE PROPER AND ACCOUNTY OF THE PROPER AND ACCOUNTY OF THE COUNTY OF THE COUNTY OF THE PLACE OF THE PLAC	NATED RED OMPLY D COM- CCEPT

CR2E045 (7-91)

FILING FEE: \$35.00