

ACCOUNT NO. : 072100000032

REFERENCE

750850

4391033

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: June 30, 2000

ORDER TIME : 11:27 AM

ORDER NO. : 750850-060

CUSTOMER NO: 4391033

CUSTOMER: Ms. Elaine Natsis

Cardinal Health, Inc. 7000 Cardinal Place

Dublin, OH 43017

NAME:

ALLEGIANCE HEALTHCARE

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

200003311402--4

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

submits the following statement in order to charthe State of Florida.	nge its registered office or registered agent, or both, in
The name of the corporation is:	
Allegiance Healthcare Corporation	
	30 Wankogan Boad
2. The mailing address of the corporation is: 143	o nauxegan roau
McGaw Park, IL 60085-6788	
3. Date of incorporation/qualification: August 2	29, 1996 <b>Document</b> number: 2960000 20157
4. The name and address of the current registered	d agent and office:
CT Corporation System	Ser is in
1200 South Pine Island Road	
Plantation, FL 33324	<u> </u>
5. The name and address of the new registered ag	gent and office: (P. O. Box Not Acceptable)
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301	
agent, as changed, will be identical.	ne street address of the business office of its registered
Such change was authorized by resolution duly	adopted by its board of directors or by an officer so
authorized by the board	
(Signature of an officer, chairman or vice chairman or	0 - 2 6 - 0 0 (Date)
·	
Glenn L. Martin, Vice President-Taxes (Printed or typed name and title)	-
Having been named as registered agent and to ac corporation, I hereby accept the appointment as t I further agree to comply with the provisions of a performance of my duties, and I am familiar with registered agent.	registered agent <b>and agre</b> e to act in this capacity. Il statutes relative to the proper and complete
Corporation Service Company  Www.l.u	Khner 6.30-200
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Karen E. Wehner	Assistant Vice President
(Typed or Printed Name)	(Capacity)
*** FILING	G FEE: \$35.00 * * *
CR2EO45(7/97)	
	O. Box 6327 TAILAHASSEE, FL. 32314