THE UNITED STATES CORPORATION

ACCOUNT NO.

072100000032

REFERENCE

649102

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: April 3, 2000

ORDER TIME : 2:20 PM

ORDER NO. : 649102-075

CUSTOMER NO: 7204757

CUSTOMER: Ms. Kim Blankenship

Matria Healthcare, Inc.

Suite 1200

1850 Parkway Place Marietta, GA 30067

CHANGE OF AGENT

NAME:

DIABETES SELF CARE, INC.

700003203807--0

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

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

	he provisions of sections 607.0502, 617.0. ed corporation organized under the laws of	502, 607.1508, or 617.1508, Florida Statutes,
		egistered office or registered agent, or both, in
the State of Flo		system of the state of the stat
•	of the corporation is:	
DIABETES	SELF CARE, INC.	
2. The mailing	g address of the corporation is:	
3. Date of inco	orporation/qualification: January 23, 1998	B Document number: F98000000410
4. The name a	and address of the current registered agent ar	nd office:
	CT Corporation System	
	1200 South Pine Island Road	2
	Plantation, FL 33324	
5. The name a	nd address of the new registered agent and o	office: (P. O. Box Not Acceptable)
	Corporation Service Company	
	Tallahassee, FL 32301	
The street addragent, as change	ress of its registered office and the street a ged, will be identical.	address of the business office of its registered
Such change wanthorized by t	vas authorized by resolution duly adopted he board.	by its board of directors or by an officer so
1 Hollow &	l McCan	2 1 7 4 4
(Signatur	re of an officer, chairman or vice chairman of the board)	3-28-00 (Date)
ROBERTA L. MC	CAW, Secretary	
	(Printed or typed name and title)	
Having been no corporation, I have a further agree performance of registered agent	amed as registered agent and to accept serv hereby accept the appointment as registered to comply with the provisions of all statutes f my duties, and I am familiar with and acce nt.	ice of process for the above stated I agent and agree to act in this capacity. relative to the proper and complete pt the obligation of my position as
	ervice Company	11.10.00
By: XOUNO	(Signature of Registered Agent)	<u>4-10-00</u> (Date)
If signing on behalf	of an entity:	//
LAURA R. DUNL		Assistant Vice President
	(Typed or Printed Name)	(Capacity)
	* * * FILING FEE: S	\$35.00 * * *
CR2EO45(7/97)		

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS