98000000905



ACCOUNT NO. : 072100000032

REFERENCE : 558633

4391033

AUTHORIZATION

500004706155--6

ORDER DATE: December 4, 2001

ORDER TIME : 10:12 AM

ORDER NO. : 558633-015

CUSTOMER NO: 4391033

CUSTOMER: Ms. Tina M. Kilgore

Cardinal Health, Inc. 7000 Cardinal Place

Dublin, OH 43017

CHANGE OF AGENT

NAME: PHR STAFFING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

C. Coulliste DEC 0 5 2001

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

Pursuant to the provisions of sections 607.0502, 61 the undersigned corporation organized under the law submits the following statement in order to change it	s of the State of Texas
the State of Florida. 1. The name of the corporation: Phr Staffing,	Inc.
1. The name of the corporation	
2. The mailing address of the corporation: 2825 Wil	crest Drive, Suite 420, Houston, TX 77042
3. Date of incorporation/qualification: 2/16/98	Document number: F9800000905
4. The name and address of the current registered age	nt and office:
Keith Mattea	LAA LAA
905 E. Martin Luther King Dr.,	Suite 290
Tarpon Springs, FL 34689	Suite 290
5. The name and address of the new registered agent (P. O. Box Not	(if changed) and/or registered office (if thanged)
Corporation Service Company	A 8
1201 Hays Street	
Tallahassee, Florida 32301	<u> </u>
The street address of its registered office and the streagent, as changed, will be identical.	eet address of the business office of its registered
Such change was authorized by resolution duly ador authorized by the board	
(Signature of an officer, chairman or vice chairman of the bo	oard) (Date)
Glenn L. Martin, Vice President - Taxes (Printed or typed name and title)	
Having been named as registered agent and to acce corporation, I hereby accept the appointment as reg I further agree to comply with the provisions of all's performance of my duties, and I am familiar with an registered agent.	11
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Maureen W. Cullen	Assistant Vice President
(Typed or Printed Name)	(Capacity)
* * * FILING FE	E: \$35.00 * * *

CR2E045(9/00)