F98000002035

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Dustiness Estimates)		
(Business Entity Name)		
(Document Number)		
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CHEANASEEE FLOWING DIVISION OF COM CHATION

C. Coulliste MAY 0 9 2003



ACCOUNT NO. : 072100000032

REFERENCE: 024279 4391033

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : April 10, 2003

ORDER TIME : 10:35 AM

ORDER NO. : 024279-465

CUSTOMER NO: 4391033

CUSTOMER: Ms. Tina M. Kilgore

Cardinal Health, Inc. 7000 Cardinal Place

Dublin, OH 43017

CHANGE OF AGENT

NAME: IMI OF MIAMI, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

Pursuant to the provisions of sections 607.0	9502, 617.0502, 607.1508, or 617.1508, Flo.	rida Statutes,
this statement of change is submitted for a con	rporation organized under the laws of the Sta	ite of
Delaware in order to change its	registered office or registered agent, or both	h, in the State
of Florida.		3
1. The name of the corporation: IMI OF MIAM	11, INC.	
2. The principal office address:		
6464 Canoga Avenue, Woodland Hills, C	CA 91367	-9 -9
3. The mailing address (if different):		F. 2
		LORN 3
4. Date of incorporation/qualification: 04/09/	1998 Document number: F980000	002035
5. The name and street address of the current in Florida Department of State:	registered agent and registered office on file v	with the
NRAI Services, Inc.		
526 Park Avenue		
Tallahassee, Fl 32301		
6. The name and street address of the new rechanged):	registered agent (if changed) and /or registe	red office (if
Corporation Service Compan	у	
1201 Hays Street (P.O. Box or per	rsonal mailbox NOT acceptable)	
Tallahassee, FL 32301		
The street address of its registered office and agent, as changed will be identical.		
Such clyange was authorized by resolution du authorized by the board, or the corporation has		
(Signature of an officer, chairman or vice chairman of the board)	Robin Smith Hoke, Vic	etresideni
I hereby accept the appointment as registered I further agree to comply with the provisions performance of my duties, and I am familiar registered agent. Or, if this document is bein office address, I hereby confirm that the corp	d agent and agree to act in this capacity. of all statutes relative to the proper and con with and accept the obligation of my positio ng filed merely to reflect a change in the reg oration has been notified in writing of this o	mplete m as istered change.
(Signature of Régistered Agent)	<u>5-7-03</u> (Date)	
If signing on behalf of an entity:	ζ=,	
Sylvia Queppet (Typed or Printed Name)	Asst. Vice President (Capacity)	
	/======\/	

* * * FILING FEE: \$35.00 * * *