F98000004102

(Requestor's Name)
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PICK-UP WAIT MAIL
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R-A. Charge

C. Coulliste DEC 2 8 2005



ACCOUNT NO. : 072100000032				
REFERENCE : 771249 5124708				
AUTHORIZATION: Spullible na				
COST LIMIT : \$35.00				
ORDER DATE: December 21, 2005				
ORDER TIME: 9:39 AM				
ORDER NO. : 771249-555				
CUSTOMER NO: 5124708				
<u>CHANGE OF AGENT</u>				
NAME: NEIGHBORCARE PHARMACY SERVICES, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Amanda Haddan				
EXAMINER'S INITIALS:				

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of I	Delaware	·
1. The name of	the corporation: NEIGHBORCARE PHARMACY SERVICES, INC.	_	
2. The principal	office address: 601 East Pratt Street, Baltimore, MD 21202		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: July 20, 1998 Document number: F98000	004102	
	d street address of the current registered agent and registered office on file wartment of State:	rith the	
	C T Corporation System		
	1200 South Pine Island Road	_	
	Plantation, FL 33324	SE(2009
6. The name an (if changed):	ad street address of the new registered agent (if changed) and /or registered or	CRETAR) AHASSI	FIL 005 DEC 28
	Corporation Service Company	_ mo	FILED 28 AMTI: I
	(P.O. Box NOT acceptable)	STA]	
		DA A	8
	Tallahassee, FL 32301		
The street addr	ress of its registered office and the street address of the business office of its identical.	its registere	d agent,
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by a the board, or the corporation has been notified in writing of the change.	ın officer so	
Mad	Maureen Cullen, Attorney In Fac	:t	
(Signa	nure of an officer or director) (Printed of typed name an	ia iiie)	
corporation no	of the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and cound I am familiar with and accept the obligation of my position as register eing filed merely to reflect a change in the registered office address, I her as been notified in writing of this change.	omplete perf red agent. C reby confirm	ormance Ir, if this that the
By: //	Signature of Registered Agent) Obate)	1005	
	pehalf of an entity:		
Michelle R. Va	nnoy, Asst. Vice President		
	(Typed or Printed Name)		-

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