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ACCOUNT NO. : 072100000032

REFERENCE : 239961 4706097

AUTHORIZATION --

_____,

ORDER DATE : September 26, 2003

ORDER TIME : 11:59 AM

ORDER NO. : 239961-020

CUSTOMER NO: 4706097

CUSTOMER: Richard Hudson

Healthcare Services Group,

Suite 300

3220 Tillman Drive Bensalem, PA 19020

CHANGE OF AGENT

NAME: HCSG SUPPLY, 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 607.0502	2, 617.0502, 6	607.1508, or 617. <u>15</u> 08,	Florida Statutes,
this statement of change is submitted for a corpor	ration organiz	ed under the laws of th	& State of Du
Pennsylvania in order to change its reg of Florida.	istered office	or registered agent, or	both, in the State
of Florida.		'ALLAH	ASSEE FY TATE
1. The name of the corporation: HCSG SUPPLY, 1		<u></u>	LUMUA
2. The principal office address: 45 H. Runway R	oad, Levitto	wn, PA 19057	
		<u> </u>	
3. The mailing address (if different): Glenview C	Corporate Cen	ter	
3220 Tillman Drive, Suite 300, Bensalem	n, PA 19020		
4. Date of incorporation/qualification: October	19, 1999	Document number: F99	000005363
5. The name and street address of the current reginal Terrida Department of State:	istered agent a	nd registered office on	file with the
C T Corporate System	-		 -
1200 South Pine Island Road		C 15 1	-
Plantation, FL 33324			
6. The name and street address of the new regin changed):	istered agent ((if changed) and /or re	gistered office (if
Corporation Service Company			~
1201 Hays Street (P.O. Box or personal)	al mailbox NOT acce	eptable)	
Tallahassee, FL 32301	· ·		·
The street address of its registered office and the agent, as changed will be identical.	e street addres	s of the business office	of its registered
Such change was authorized by resolution duly authorized by the board or the corporation has be	adopted by its been notified i	board of directors or be n writing of the change	y an officer so
(Signature of an officer, chairman or vice chairman of the board)	Maureen	Cullen, Attorney In (Printed or typed name and title)	Fact
I hereby accept the appointment as registered as I further agree to comply with the provisions of performance of my duties, and I am familiar wit registered agent. Or, if this document is being foffice address, I hereby confirm that the corpora	all statutes re th and accept t filed merely to	lative to the proper and the obligation of my po reflect a change in the	d complete osition as e registered
(Signature of Registered Agent)	·	SEP 2 4 2003	<u> </u>
If signing on behalf of an entity:		(Date)	
Elva M. Shipkowski	Assistant	Vice President	
(Typed or Printed Name) * * * FILING		(Capacity)	
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