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CT CORPORATION SYSTM

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Division of Corporations

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H66818

Florida Department of State
Division of Corporations
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Phone : (850) 222-1092
Fax Number : (850) 878-5926

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REGISTERED AGENT CHANGE

FLORACENTERS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS

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RA Change

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fluorocenters, Inc.
2. The principal office address: 191 W. Nationwide Blvd., Ste 200, Columbus, OH 43215-2568
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/17/85 Document number: H66818
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

The Prentice-Hall Corporation System Inc.

1201 Hays St., Ste 105

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System

c/o CT Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

By: _____

(Signature of an officer or director)

Don M. Casio III

Vice President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Connie Bryan

(Signature of Registered Agent)

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

December 1, 2005

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CRSE045 (8/05)

FD001 - 09/14/2005 CT System 04/04

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