Document Services

J5616 ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA00000005	ALE STEP
REFERENCE: 2010263 (SUB ACCT.)	STATE OF THE PARTY
DATE: 2-16 900002	766°
REQUESTER NAME: LEXIS DOCUMENT SERVICES	REC 98 FEB DIVISION
ADDRESS: P.O. BOX 2969 SPRINGFIELD, ILLINOIS 62708	RECEIVED 98 FEB 16 AM 10: 52 91VISION OF CORPORATION
CONTACT NAME: CYNTHIA WOODYARD (904) 877-7296	
CORPORATION NAME: Home Care Pharmacy	Anc. of Morida
AUTHORIZATION: Coolings CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9)	Mary 1
PLAIN STAMPED COPY	2//6/10
() CALL WHEN READY () CALL IF PROBLEM () AFT. WALK IN () WILL WAIT () PICE () MAIL OUT (IF APPLICABLE)	ER 4:30 (-UP

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: ____ Home Care Pharmacy, Inc. of Florida 1b. The mailing address of the corporation is: 4677 LB McLeod Rd. Suite J Orlando, FL 32811 1c. Date of incorporation: 2-10-87 Document number: ____ The name and address of the current registered agent and office: Neil G. Kiefer 100 2nd Av. South, Suite 400 St. Petersburg, FL 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Lexis Document Services Inc. 3953 WW Kelley Road Tallahassee, FL 32301 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 February 9, 1998 (Signature of an officer, chairman or vice chairman of the board) (Date) Roch Carter, Vice President (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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. (Signature of Registered Agent) (Date) If signing on behalf of an entity:

Typed or Printed Name