2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M00000001519

1. Entity Name
CARDINAL HEALTH 420, LLC

FILED
04 NOV -9 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6464 CANOGA AVENUE WOODLAND HILLS, CA 91367	7000 CARDINAL PLACE DUBLIN, OH 43017

10282004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
7000 Cardinal Place	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dublin, OH 43017	City & State
Zip: 43017 Country: USA	Zip Country

4. FEI Number: 95-4813644 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
After January 1, 2005, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SYNCOR INTERNATIONAL CORPORATION 6464 CANOGA AVENUE WOODLAND HILLS, CA 91367	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Cardinal Health 414, INc. 7000 Cardinal Place Dublin, OH 43017	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	05/07/04--90006--025-- $50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2004	☐ Change ☐ Addition

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 605.0716, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a ~~managing member~~ or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

Michael R. Nelson, Vice President, Tax

SIGNATURE: _____ NOV - 1 2004 614-757-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CAM