## M0400000 1834

CIO Damian Lip	
(Address) 1200 Brickell Ave. Suite 960 (Address)	500048679
Miami FL 38181 (City/State/Zip/Phone #)	
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(Business Entity Name)	03/29/05010490
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the	limited liability con	npany is: Metcare	Rx Ormond Bead	ch Pharmaceuti	cal Serv_
2. The mailing add	ress of the limited li	ability company is:	1200 West Gran	nada Blvd., Suite	e 5
Ormond Beach, F				<b>1</b> 1. V •	
5/13/04	13.7				
3. Date of filing/reg	gistration in Florida	<u>gamman g</u> garan sa	4. Document nur	mber	
5. The name of the Florida Department	ent of State:	the registered office		on the records of	the
	Corporation		tiy	<b>-</b>	
	1201 Hays	Name Street		**	
	Tallahasse	Address e, Florida 32301		TALL/	<del>(22 .= 1</del>
		City, State and 2	Zip		# #
6. The name and ad	dress of the new reg	gistered agent and/or	office:	729	* *
	Melanie Da	amian, c/o Damian	& Valori, LLP		
	1200 Brick	Name ell Avenue, Suite 9	)50	MY 7:49	* *
	Florida stre	et address (P.O. Box	NOT acceptable)	P 0 P	
	Miami	FL 331	131	<u>.</u>	
	7	City, State and Zi	p		
confirmed that after and the business of liability company, i the members of the the operating agree	r the change or chan fice of the registered t is hereby confirme		orida street address ical. Or, in the case was/were authorize	of the registered of a Florida limi ed by an affirmati	office ted ve vote of
(Printed or typed name o	E. Osmiar	<u> </u>	and a second of the second	BUM SIG	
I hereby accept the comply with the product am familiar with the product of the complex of the c	/u &	gistered agent and as es relative to the pro- obligations of my pos is being filed to men ed liability company	gree to act in this coper and complete p sition as registered rely reflect a chang has been notified	apacity. I further performance of m agent as provide e in the registere in writing of this	r agrec to y duties, d for in d office change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)