## M040000 1835

(Re	questor's Name)	
BARRY A. DI	FICES OF AMOND, P.A. AMPLE ROAD S, FLORIDA 330	
(Cit	y/State/Zip/Phone	#
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PICK-UP	☐ WAIT	MAIL
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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 company is: Metcare Rx Orange City Pharmaceutical Service							
2.	The mailing address of	mailing address of the limited liability company is : 2742-B Enterprise Road						
	range City, Florida 3				_ <u> </u>			
5,	/13/04			M04000	0018	35		
3.	Date of filing/registrat	ion in Florid	a	4. Document nun				
5.	The name of the registe Florida Department of	ered agent an	d the registered offic	e address as shown o	on the recor	ds of the		
	riorida Department or		on Services Compa	any				
		1201 Hay	Name s Street					
Address Tallahassee, Florida 32301								
			City, State and	Zip .				
6.	The name and address	of the new re	egistered agent and/or	r office:	<b>5</b>	95		
	6. The name and address of the new registered agent and/or office:  Melanie Damian, c/o Damian & Valori, LLP							
		Name 1200 Brickell Avenue, Suite 950				<b>8</b>		
		Florida str	eet address (P.O. Bo	Ţ <sup>7</sup> .	<b>!</b>			
		Miami	<sub>FL</sub> 33	131		7:5		
			City, State and Z	ip	DA DA	~		
arilia th	the limited liability con onfirmed that after the c ad the business office of ability company, it is he e members of the limite e operating agreement	hange or cha the registere reby confirmed liability co of the limited	nges are made, the Fed agent will be ident ned that the change(s) ompany or as otherwipliability company.	lorida street address ical. Or, in the case was/were authorize	of the regis of a Florida d by an affi	tered office a limited rmative vote of		
(S	gnature of a member or author	rized representati	ve of a member)					
<u>(F</u>	melante Oc	mian	, a Horney		er va			
co ar C: ac	hercby accept the appo omply with the provision ad I am familiar with an hapter 608, F.S. Or, if idress, I hereby confirm lignature of Registered Agent)	intment as rais of all statu ad accept the this documen what the lim	egistered agent and a lies relative to the pr obligations of my po nt is being filed to me ited liability compan	gree to act in this co oper and complete p sition as registered vrely reflect a chang y has been notified i	erformance agent as pro e in the regi n writing of	orther agree to of my duties, ovided for in stered office this change.		

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

**FILING FEE: \$25.00**