

Division of Corporations

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
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From:

Account Name : C T CORPORATION SYSTEM
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REGISTERED AGENT CHANGE

AETNA SPECIALTY PHARMACY, LLC

Certificate of Status	0
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DIVISION OF CORPORATIONS

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY

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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.

2006 APR -5 A 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is: Aqua Specialty Pharmacy, LLC

2. The mailing address of the limited liability company is: _____

503 Sunport Lane, Orlando, FL 32809

8/24/2004

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services, Inc.

Name

2731 Executive Park Drive

Address

Weston, FL 33331

City, State and Zip

6. The name and address of the new registered agent and/or office:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL

33324

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

William C. Buckin III, V.P. Sec'y of Aqua Health Holdings, LLC, Sole member
(Printed or typed name of signor)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. If this document is being filed in a jurisdiction other than the registered office address, I hereby certify that the limited liability company has been notified in writing of this change.

By: [Signature]
(Signature of Registered Agent)

SALVINA ARMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

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

FILING FEE: \$25.00

INHS18 (2/05)

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