M05 00000 6032

Florida Department of State
Division of Corporations
Public Access System

(8)

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000084909 3)))

H070000849093ABC4

FILED
07 APR -2 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0380 3

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

4-3

RECEIVED
07 APR -2 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

MINUTECLINIC DIAGNOSTIC OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$87.50~~

$25=

Electronic Filing Menu Corporate Filing Menu Help

04/02/2007 11:52 8502227615 CT CORP PAGE 01/02

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: MinuteClinic Diagnostic of Florida, LLC

2. The mailing address of the limited liability company is : 333 Washington Street, N, 5000 Union Plaza

Minneapolis, MN 55401

10/27/05
3. Date of filing/registration in Florida

M0500006032
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:

National Registered Agents, Inc.
Name

2731 Executive Park, Suite 4
Address

Weston, FL 33331
City, State and Zip

FILED
07 APR -2 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Michael C. Howe
(Signature of a member or authorized representative of a member)

Michael C. Howe, CEO
(Printed or typed name of signer)

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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (8/05)

FL015 - 09/08/2005 C T System Online