

Division of Corporations

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## Florida Department of State

Division of Corporations  
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## To:

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

## From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (305)672-0686  
Fax Number : (305)672-9110

**REGISTERED AGENT CHANGE****MEDICAL SPECIALTIES DISTRIBUTORS, LLC**

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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: MEDICAL SPECIALTIES DISTRIBUTORS, LLC
2. The mailing address of the limited liability company is: 800 TECHNOLOGY CENTER DRIVE  
STOUGHTON MA 02072

3. Date of filing/registration in Florida 12/27/2005 4. Document number M05000007081
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE FL 32301-2525

City, State and Zip

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

Corporate Creations Network Inc.

Name

11380 Prosperity Farms Road #221E

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

Palm Beach Gardens FL 33410

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)

Norman Pasquier, Asst. Secretary

(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. 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.

(Signature of Registered Agent) Norman Pasquier  
Assistant VP  
Corporate Creations

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

INH318(10/99)

Corporate Creations International Inc.  
941 Fourth Street  
Miami Beach FL 33139  
(305) 672-0686

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