

MAY-18-2011 14:37

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE

DIPLOMAT SPECIALTY PHARMACY OF FT. LAUDERDALE, LLC

Certificate of Status	0
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MAY 19 2011

EXAMINER

Electronic Filing Menu

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Help

H 110001345093

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.

DIPLOMAT SPECIALTY PHARMACY OF FT. LAUDERDALE, LLC

1. Name of the limited liability company: _____

2. (a) Principal office address of limited liability company: 4100 S. Saginaw St.,

(Note: **MUST BE STREET ADDRESS**)

Flint, Michigan 48507

(b) Mailing address of limited liability company: _____

4100 S. Saginaw St.,

(Note: **MAY BE POST OFFICE BOX**)

Flint, Michigan 48507

3/27/2007

M07000001778

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET

TALLAHASSEE FL 32301 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Business Filings Incorporated

NEW Registered Office Address:

1203 Governors Square Blvd, Suite 1000

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee

FL 32301-2960

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.

Philip R. Hagerman
Signature of a member or authorized representative of a member

Philip Hagerman, Member

Printed or typed name of signee

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.

Mark Williams
Signature of registered agent

Mark Williams, AYP, Business Filings Incorporated

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

FILING FEE: \$25.00

INHS18 (05/08)

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