

New York, NY

Albany, NY

Dover, DE

Los Angeles, CA

February 14, 2000

RE: Healthcare Pharmacy Services of Florida, Inc.

Secretary of State of Florida Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

500003135775 -02/15/00--01079--002 *****35.00 *****35.00

Attention:

Corporate Filing Clerk

Kindly file the duplicated Statement of Change of Agent Form for the attached referenced corporation, returning a filed stamped copy to us in the self-addressed, stamped envelope provided for your convenience ASAP.

We are enclosing a check for \$35.00 payable to you for this filing.

Please contact the undersigned at (800) 221-0102, if there are any problems or questions before returning the filing.

Thank you for your assistance.

Sincerely,

John Morrissey

Assistant Vice President

7-78-00 H1 KAarde

JM:moc Enclosures

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.050, 607. 1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

its registered office or registered agent, or both, in the State of Fl	orida.	
1. The name of the corporation is: Healthcare Pharmacy S	ervices of Florida, Inc.	
 The mailing address of the corporation is: 10065 Red Date of incorporation/qualification: 2/22/88Document 	Run Blvd., Owings Mills, MD 21117 number: M69164	٠.
4. The name and address of the current registered agent and	d office:	
C T Corporation Systems		
1200 S. Pine Island Road	LARGE TI	
Plantation, FL 32324	25.5	
5. The name and address of the new registered agent and of	fice: (P.O. Box Not Acceptable)	
NATIONAL CORPORATE RESEA		
1406 Hays Street, Suite #2, Tallahas	see, FL 32301	
The street address of its registered office and the street address changed, will be identical. Such change was authorized by resolution duly adopted by its the board.		· .
(Signature of an officer, chairman or vice chairman of the board)	(Date)	
Melissa Warlow, Vice President		
(Printed or typed name and title)	(Date)	
Having been named as registered agent and to accept service of pro- the appointment as registered agent and agree to act in this capacity statutes relative to the proper and complete performance of my dutie position as registered agent.	/ I trittion outs a somewhat with the second the second	
02-	9 /	
(Signature of Registered Agent)	(Dale)	
If signing on behalf of an entity:		
John L. Morrissey	Assistant Vice President	
(Typed or Printed Name)	(Capacity)	
CR2E045(4/95)	Filing Fee: \$35.00	