

## ACCOUNT NO.

072100000032

REFERENCE

665263

5124708

AUTHORIZATION

COST LIMIT

\$ 25.00

ORDER DATE: July 16, 2002

ORDER TIME : 4:46 PM

ORDER NO. :

665263-560

CUSTOMER NO:

CUSTOMER:

5124708

Peter Laterza, Vice President

Omnicare, Inc Suite 1600

100 E. River Center Blvd. Covington, KY 41011-1663

CHANGE OF AGENT

NAME:

BADGER ACQUISITION OF TAMPA

LLC

J00006716431--8

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

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

Pursuant to the provision liability company submits agent, or both, in the State	ns of sections 608.41 the following staten e of Florida.	l6 or 608.508, nent in order t	Florida Statutes o change its regi	s, the undersigned limited stered office or registered
1. The name of the limite	d liability company is	BADGER ACC	QUISITION OF TA	AMPA LLC
2. The mailing address of	the limited liability of	company is:	LOO E. RIVERCEN	NTER BLVD.,
COVINGTON, KY 410	11		<u> </u>	
09/18/1998			M98000001052	T?
3. Date of filing/registration in Florida			4. Document number	
5. The name of the register Florida Department of S	red agent and the reg. State:	istered office a	ddress as shown o	on the records of the
	C T COF	RPORATION SY	STEM	
Name				
1200 SOUTH PINE ISLAND ROAD				
Address  PLANTATION, FL 33324  \$\int_{\infty} \cong \cong\cong \cong \co				
City, State and Zip  6. The name and address of the new registered agent and/or office:				
Corporation Service Company				
Name $\exists \overline{z} \geq 0$				
Name  1201 Hays Street  Florida street address (P.O. Box NOT acceptable)				
Name  1201 Hays Street  Florida street address (P.O. Box NOT acceptable)				
	Tallahassee	FL 12:	32301	=
	City,	State and Zip		
If the limited liability components of the limited that after the chand the business office of the liability company, it is here the members of the limited the operating agreement of the operating agreement of Signature of a member or authorized.	ange or changes are refile registered agent weby confirmed that the liability company or the limited liability of the liabilit	nade, the Florical vill be identical e change(s) was otherwise prompany.	da street address o . Or, in the case of s/were authorized	of the registered office of a Florida limited I by an affirmative vote of
(	to a representative of a methic	, CL /		
PATRICIA PIZZUTO, ATT (Printed or typed name of signee)				
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the Cantal And Can	7. A Cynuna L	. 1 Idi 113	e to act in this cap r and complete pe on as registered e reflect a change s been notified in	vacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)	Asst. Sec	<del>reta</del> ry		

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