



MA9000001453

R/A Change

ACCOUNT NO. : 072100000032

REFERENCE : 665263 5124708

AUTHORIZATION

Patricia Pizute

COST LIMIT : \$ 25.00

7/29

ORDER DATE : July 16, 2002

ORDER TIME : 2:22 PM

ORDER NO. : 665263-815

CUSTOMER NO: 5124708

CUSTOMER: Peter Laterza, Vice President  
Omnicare, Inc  
Suite 1600  
100 E. River Center Blvd.  
Covington, KY 41011-1663

MA9-1453

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

02 JUL 29 PM 4:43

RECEIVED

CHANGE OF AGENT

NAME: OMNICARE PHARMACY OF  
TENNESSEE LLC

600006739096--7

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUL 29 PM 1:51

FILED

**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: OMNICARE PHARMACY OF TENNESSEE LLC
2. The mailing address of the limited liability company is : 100 E. RIVERCENTER BLVD.,  
COVINGTON, KY 41011
3. Date of filing/registration in Florida 09/13/1999
4. Document number M99000001453
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION, FLORIDA 33324

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FL 32301

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.

Patricia Pizzuto  
(Signature of a member or authorized representative of a member)

PATRICIA PIZZUTO, ATTORNEY IN FACT  
(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.*

Cynthia L. Harris  
(Signature of Registered Agent)

**Cynthia L. Harris**  
**as its agent**

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

**FILING FEE: \$25.00**

**FILED**  
**02 JUL 29 PM 1:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**