

P00000005417

Larry Clarke
Requester's Name
314 N. Calhoun St
Address
Tallahassee, 32301 577-6557
City/State/Zip Phone #
X19

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. *Extended Care Pharmacy*
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN - 8 PM 2:10

FILED

☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☒ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

300003528033--5
-01/08/01--01071--027
*****35.00 *****35.00

NOTICE TO CORP. DIVISION OF CORPORATION

01 JAN - 8 PM 2:13

RECEIVED

RAIRO

Change

Examiner's Initials

CR2E031(7/97)

S. PAYNE JAN 8 - 2001

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

Pursuant to the provisions of sections 607.0502, 617.0502, 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.

1. The name of the corporation : Extended Care Pharmacy, Inc.
2. The mailing address of the corporation : 6400 Crill Avenue
Palatka, FL 32177
3. Date of incorporation/qualification: 1-18-00 Document number: P00000005417
4. The name and address of the current registered agent and registered office:
M. Edward Phillips
625 SR 20 W.
Hollister, FL 32147
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
Bonnie M. Phillips
6400 Crill Avenue
Palatka, FL 32177

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Bonnie M. Phillips
(Signature of an officer, chairman or vice chairman of the board)

12-7-00
(Date)

Bonnie M. Phillips
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

Bonnie M. Phillips
(Signature of Registered Agent)

12-7-00
(Date)

If signing on behalf of an entity:

Bonnie M. Phillips
(Typed or Printed Name)

Secretary / Treasurer
(Capacity)

*** FILING FEE: \$35.00 ***