

P00000006220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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13 JAN -8 PM 12:22
Seal of the State of Massachusetts
MASSACHUSETTS
Wesley



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 467886 6729A

AUTHORIZATION :

COST LIMIT :

\$ 35.00

[Handwritten signature]

ORDER DATE : December 20, 2012

ORDER TIME : 4:09 PM

ORDER NO. : 467886-040

CUSTOMER NO: 6729A

CHANGE OF AGENT

NAME: AXIUM HEALTHCARE PHARMACY,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 52949

EXAMINER: _____

**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, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: AXIUM HEALTHCARE PHARMACY, INC.
2. The principal office address: 550 Technology Park, Lake Mary, FL 32746
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/20/2000 Document number: P00000006220

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Mark C Montgomery
550 Technology Park
Lake Mary, FL 32746

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

P.O. Box: NOT acceptable

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, or the corporation has been notified in writing of the change.

Dorothy D. Roberts
Signature of an officer or director:

Dorothy D. Roberts
Assistant Secretary
Printed or typed name and title

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company
By: Grace E. Kirby
Signature of Registered Agent

1-7-2013
Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. VP
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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