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ACCOUNT NO. : 072100000032

REFERENCE: 683284 4369509

AUTHORIZATION

COST LIMIT :

ORDER DATE: November 1, 2005

ORDER TIME : 11:41 AM

ORDER NO. : 683284-200

CUSTOMER NO: 4369509

CHANGE OF AGENT

NAME: LYNNFIELD COMPOUNDING CENTER,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER:

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

		2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida	
		ered agent, or both, in the State of Florida.	
1. The name of	the corporation: LYNNFIELD COMPOUN	DING CENTER, INC.	
	office address: 12 Kent Way, Suite 120C,		
3. The mailing a	address (if different): 250 Technology Park	, Lake Mary, FL 32746	
4. Date of incorp	poration/qualification: December 29, 2000	Document number: P01000000223	
	d street address of the current registered age	gent and registered office on file with the	
	NRAI Services, Inc.	ECR	
	2731 Executive Park Drive, Suite 4		
	Weston, FL 33331		
6. The name and (if changed):	I street address of the new registered agent	10H &	
	Corporation Service Company		
	1201 Hays Street		
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the street a	address of the business office of its registered agent,	
		by its board of directors or by an officer so iffied in writing of the change.	
Hau	un well	Maureen Cullen, Attorney In Fact	
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered agent and the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	(Printed or typed name and title) I agree to act in this capacity. Ites relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
Corporation By:	Service Company	October 26, 2005	
(/ (//)	mature of Registered Agent)	(Date)	
If signing on bel	half of an entity:		
Elizabeth A. Daw	vson, Asst. V.P.		
(T	yped or Printed Name)		
	* * * FILING FEI	E: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)