## P02000013430

Everard

6123 NW 45th Avenue Coconut Creek, FL 33073		
City/State/Zip Phone #		
	Office Use Only	
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known) 105694 -06/06/02 *****35.00	4439 01049-001 *****35.00
(Corporation Name)	(Document #)	
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3. (Corporation Name)	(Document#)	/ Ha. T
4. (Corporation Name)	(Document #)	-
□ Walk in □ Pick up time   □ Mail out □ Will wait	Certified Copy  Photocopy  Certificate of Status	s
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	SECRETOR O
OTHER FILINGS	REGISTRATION/QUALIFICATION	ILED ARY OF CORF
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark	LED RY OF STATE CORPORATIONS
	Other R. A. Clan	gl I Et
CR2E031(7/97)	Examiner's Initials 6-12-200	02

## 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	
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: Health care Supply Chain Strategies, INC.	
2. The mailing address of the corporation: 6123 NW 45th Avenue	-
Coconut Creek, FL 33073	
3. Date of incorporation/qualification: <u>Feb. 5, 2002</u> Document number: <u>P02000013430</u>	
4. The name and address of the current registered agent and office:	
Business Filings Incorporated	
1000 West Avenue, Suite 1114	<u>, n</u>
Miami Beach, FL 33139	ر عرب
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):	is i
(P. O. Box Not Acceptable)	景
Lynn J. Everard 6123 NW 45th Avenue	75
Coconut Creek, FL 33073	
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.	
(Signature of an officer, chairman or vice chairman of the board)  (Date)	-
Lynn J. Everard President	•
(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.	
Turner 1 Everaid Vine 3, 2002	
(Signature of Registered Agent) (Date)	
f signing on behalf of an entity:	-
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)