

P02000113094

(Domestic Name)  
AMERICAN HEALTH DISTRIBUTIONS INC  
505 DEMARISONNEUVE WEST, #1001  
MONTREAL, CANADA  
H3A 3C2

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

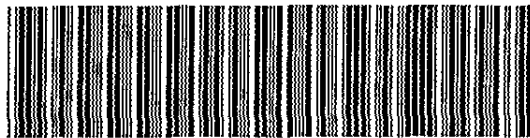
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100009806971

01/13/03--01043--020 \*\*35.00

FILED

03 JAN 13 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMERICAN

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AMERICAN HEALTH DISTRIBUTIONS INC.  
(Name of corporation)

DOCUMENT NUMBER: P02000113094

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAN CHARRON ESQ.

(Name of person)

\_\_\_\_\_  
(Name of firm/company)

10046 WINDING LAKE ROAD, #103

(Address)

SUNRISE, FL 33351

(City/state and zip code)

For further information concerning this matter, please call:

DAN CHARRON

(Name of person)

at (514) 845-6161

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: AMERICAN HEALTH DISTRIBUTIONS INC  
2. The principal office address: 505 DEMAISONNEUVE WEST, SUITE 1001  
MONTREAL (QUEBEC) CANADA, H3A 3C2  
3. The mailing address (if different): SAME AS ABOVE.

4. Date of incorporation/qualification: 10/21/2002 Document number: P02000113094  
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

DAN CHARRON  
2801 FLAMINGO DRIVE  
MIAMI, FL 33140

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

DAN CHARRON, ESQ.  
10046 WINDING LAKE ROAD, #103  
(P.O. Box or personal mailbox NOT acceptable)  
SUNRISE, FL 33351

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.

Dan Charron  
(Signature of an officer, chairman or vice chairman of the board)

DAN CHARRON, ESQ.  
(Printed or typed name and title)

DULY AUTHORIZED  
OFFICER

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.

Dan Charron  
(Signature of Registered Agent)

JANUARY 6<sup>th</sup>, 2003  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

FILED  
03 JAN 13 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA