1 P02000114357

| (Re | questor's Name) | |
|---|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



05/23/03--01041--015 **35.00

RECEIVED

03 MAY 23 PN 1: 06

DUP-10 FOR AFTON

| Document Number Only | | · |
|--|---------------------------------------|-----------------------------|
| | | · |
| C T CORPORATION SYSTEM | | |
| Requestor's Name 660 East Jefferson Stre | eet | • |
| Address | | |
| Tallahassee, FL 32301 City State Zip | (850)222-1092 Phone | |
| • | | |
| CORPORATI | ON(S) NAME | |
| | | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | RXFirst Toe | |
| | | |
| () Profit () NonProfit () Limited Liability Compar | () Amendment | () Merger |
| () Foreign | () Dissolution/W | /ithdrawal () Mark |
| () Limited Partnership () Reinstatement | () Annual Report () Reservation | Change of R.A. |
| () Limited Liability Partn () Certified Copy | () Photo Copies | () Fictitious Nam () CUS |
| () Call When Ready | () Call if Probler | m () After 4:30 |
| Walk In () Mail Out | () Will Wait | € Pick Up |
| Name Avallability | 5123 | PLEASE RETURN EXTRA COPY(S) |
| Document Examiner | 3. 3 | FILE STAMPED THANKS |
| Updater | | CONNIE BRYAN |
| Verifier | • | |
| Acknowledgment | | |
| W.P. Verifier | | |

CR2E031 (1-89)

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 Statute |
|--|
| the undersigned corporation organized under the laws of the State of |
| 1. The name of the corporation: RXFirst, Inc. |
| Par is |
| 2. The mailing address of the corporation: 175 Kelsey Lane, Tampa, FL 33619 |
| 3. Date of incorporation/qualification: 10/23/02 Document number: P02000114357 |
| 4. The name and address of the current registered agent and office: |
| William L. Mertz |
| 175 Kelsey Lane |
| Tampa, FL 33619 |
| 5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable) |
| C T Corporation System |
| c/o C T Corporation System, 1200 South Pine Island Road, |
| Plantation, Florida 33324 |
| The street address of its registered office and the street address of the business office of its registere 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, chelman or vice chairman of the board) (Date) |
| W. D. Sprague, Senior Vice 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. |
| ET Corporation System By: May 21, 2003 (Date) If signing on behalf of an entity: Tames Newsone Assistant Secretary |
| If signing on behalf of an entity: |
| Tames Newsome Assistant Secretary (Typed or Printed Name) (Capacity) |
| (Appendix Filmon) |

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