

P04000034713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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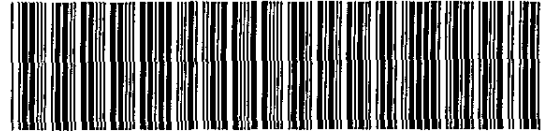
(Business Entity Name)

(Document Number)

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WINDERWEEDLE, HAINES,
WARD & WOODMAN, P.A.

ATTORNEYS AT LAW

MAIN TELEPHONE (407) 423-4246
WWW.WHWW.COM

Please Reply To:

Orlando Office

M. Deborah Fricke
Corporate Paralegal
Direct Dial: (407) 246-8678
E-mail: dfricke@whww.com

March 30, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: One Stop Pharmacy, Inc. and Turn Key Pharmacy, Inc.

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations for One Stop Pharmacy, Inc. and Turn Key Pharmacy, Inc. Please file these documents in your records. I have also enclosed check #11515 and #11516 in the amount of \$35.00 each for filing fees.

Please acknowledge receipt of the Change of Registered Agent forms by signing and the enclosed copies to this office in the return envelope provided.

Should you have any questions regarding this matter, please do not hesitate to call me.

Sincerely,

DF/KS

M. Deborah Fricke
Corporate Paralegal

mdf:ks

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: One Stop Pharmacy, Inc.
2. The principal office address: 181 Sabal Palm Drive, Suite 101
Longwood, Florida 32779
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 02/20/04 Document number: 704000034713

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

J.P. Carolan, III
390 N. Orange Avenue, Suite 1500
Orlando, Florida 32801

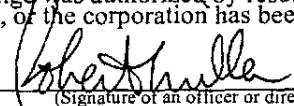
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert S. Miller
181 Sabal Palm Drive, Suite 101
(P.O. Box or personal mailbox NOT acceptable)
Longwood, Florida 32779

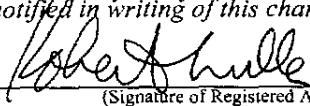
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TALLAHASSEE, FLORIDA

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.

 Robert S. Miller, President
(Signature of an officer or director) (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.

 02/20/04
(Signature of Registered Agent) (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
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314