

## Florida Department of State

Division of Corporations Public Access System

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(((H08000220948 3)))



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From:

Account Name : ROETZEL & ANDRESS

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## REGISTERED AGENT CHANGE

HEALTHCARE RETAIL PARTNERS, INC.

Certificate of Status	0
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Fax Audit # (((H08000220948 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH	3)))
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 affice or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Healthcare Retail Partners, Inc.		
2. The principal office address: 1134 Celabration Boulevard		
Celebration, FL 34747		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 5/16/07 Document number: P07000058903		
<ol> <li>The name and street address of the current registered agent and registered office on file with the Florida Department of State:</li> </ol>		
Charles B. Pearlman	200	
1134 Celebration Boulevard	3S 81	77
Celebration, FL 34747	2	
Celebration, FL 34747  Celebration, FL 34747  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  R&A Agents, Inc., Charles B. Pearlman, Assistant Secretary  100 SE 3rd Avenue, 8th Floor	2008 SEP 23 PM 2: 23	FILED
R&A Agents, Inc., Charles B. Pearlman, Assistant Secretary	3 3	
100 SE 3rd Avenue, 8th Floor	73 75	
Fort Lauderdale, FL 33394		
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 hoard of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.		
TON ( PITQUIN, CCO) (Veneza or types auto and act)		
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to combly with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with updatecopt the obligation of my position as registered agent. Or, if this document is being filled mereby to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in an iting of this change.		
(Stepanic of Registred Agent) 17-23-04		
If signing on behalf of an entity:		
Charles B. Pearlman		•
(Typed or Printed Name)		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)