

Division of Corporations Public Access System

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Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 (850) 222-1092 Phone

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(850)878-5926

REGISTERED AGENT CHANGE

SOLVAY PHARMACEUTICALS, INC.

Certificate of Status	0
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SEP-13-2005 16:33

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 Georgia in order to change its registered office or registered agent, or both in the State of Florida. 1. The name of the corporation: Solvey Pharmaceuticals, Inc.	
2. The principal office address: 901 Sawyer Road, Marietta, GA 30062	
3. The mailing address (if different):	
4. Date of incorporation/qualification: August 17, 1987 Document mumber:	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
The Prentice Hall Corporation System, Inc.	
110 N. Magnolia Street	
Tallahassee, FL 32301	Π
6. The name and street address of the new registered agent (if changed) and /or registered of the changed):	
c/o C T Componentian System OP.O. Box or possonal mailbox NOT accomple)	
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 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.	
(Signature of an officer, described or vice constraint of the board) (Signature of an officer, described or vice constraint of the board) (Protect of Open fairle 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.	
By: Laure Bell 9/13/05	
(Signature of Registered Agent) If signing on hebalf of an entity: Denise Bell	
(Typed or Printed Name) Assistant Secretary	

* * * FILING FEE: \$35,00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAE TO: Division of Corporations, P.O. Rox 6327, Tallarassee, FL 32314