

P18884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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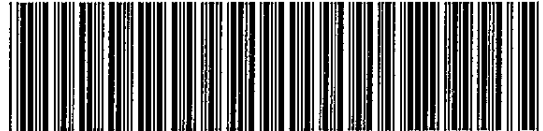
(Business Entity Name)

(Document Number)

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Change

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DR

5/20/05



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 342361 7385764

AUTHORIZATION :

Patricia Piquito

COST LIMIT : \$ 35.00

ORDER DATE : April 28, 2005

ORDER TIME : 9:41 AM

ORDER NO. : 342361-125

CUSTOMER NO: 7385764

CUSTOMER: Maria Sattler
Curative Health Services Inc.
150 Motor Parkway

Hauppauge, NY 11788-5145

CHANGE OF AGENT

NAME: CURATIVE HEALTH SERVICES CO.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: *Sara Lee ext 2914*

**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 Minnesota in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CURATIVE HEALTH SERVICES CO.
2. The principal office address: 150 Motor Parkway, Hauppauge, NY 11788
3. The mailing address (if different): 61 Spit Brook Road, Nashua, NH 03060
4. Date of incorporation/qualification: 04/19/1988 Document number: P18884
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

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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.

Maureen Cullen
(Signature of an officer or director)

Maureen Cullen, signing for
(Printed or typed name and title)
Nancy F. Lanis, EVP

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.

Corporation Service Company

By Sylvia Queppet
(Signature of Registered Agent)

May 13, 2005

(Date)

If signing on behalf of an entity:

Sylvia Queppet, Asst. VP

(Typed or Printed Name)

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

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