74000023192



ACCOUNT NO.

AUTHORIZATION

COST LIMIT : \$ 35.00

400005313894

ORDER DATE: February 26, 2002

ORDER TIME: 10:54 AM

ORDER NO. : 415790-560

CUSTOMER: Ms. Summer Moore

CUSTOMER NO: 5048552

Advancepcs Suite 1600

5215 North O'connor Boulevard

Irving, TX 75039

CHANGE OF AGENT

NAME: FFI RX MANAGED CARE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ____ PLAIN STAMPED COPY ___

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

EXAMINER:

C. Coulliette APR 2 2 2002

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersign	the provisions of sections 607.0302, 617.0302, 607.1308, or 612, ned corporation organized under the laws of the State ofFlorid	ia.
-	following statement in order to change its registered office or reg	istered agent, or both, in
the State of F	of the corporation: FFI RX MANAGED CARE, INC.	
T. THO IMBITO	of the corporation .	
2. The mailin	ng address of the corporation: 3502 Henderson Blvd., Suite 30	00, Tampa, FL 33609
3. Date of in	acorporation/qualification: 03/22/1994 Document num	nber: P94000023193
4. The name	and address of the current registered agent and office:	M2 APR 22
	John L. Puls, Jr.	ASS ASS
=	3502 Henderson Blvd, Suite 300	121
	Tampa, FL 33609	PH 12:
5. The name	and address of the new registered agent (if changed) and/or registe (P. O. Box Not Acceptable)	
	Corporation Service Company	
	1201 Hays Street	
	Tallahassee, Florida 32301	
The street ad agent, as cha	ldress of its registered office and the street address of the busines inged, will be identical.	s office of its registered
Such change authorized by	was authorized by resolution duly adopted by its board of direct y the board.	ors or by an officer so
Lann	ure of an officer, chairman or vice chairman of the board)	4/1/02 (Date)
	sen, Vice President (Printed or typed name and title)	· · · · · · · · · · · · · · · · · · ·
Having been corporation, I further agr performance registered ag	named as registered agent and to accept service of process for t I hereby accept the appointment as registered agent and agree t ee to comply with the provisions of all statutes relative to the pro to f my duties, and I am familiar with and accept the obligation of gent.	he above stated to act in this capacity. The per and complete f my position as
\mathcal{M}	(Signature of Registered Agent) (Date)	D2
If signing on be	chalf of an entity:	•
Dolores Burt	On Asst. Vice Pre	
	(Typed or Printed Name) (Capac	city)

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