4000048261



ACCOUNT NO.

072100000032

REFERENCE.

5124708

AUTHORIZATION

COST LIMIT

: \$ 35.00

ORDER DATE : June 11, 2002

ORDER TIME : 10:23 AM

ORDER NO. : 619060-150

800006165268---1

CUSTOMER NO:

5124708

CUSTOMER: Peter Laterza, Vice President

Omnicare, Inc Suite 1600

100 E. River Center Blvd. Covington, KY 41011-1663

<u>CHANGE</u> OF AGENT

NAME:

COMPSCRIPT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY __PLAIN STAMPED COPY

C. Coulliste JUL 0 2 2002

CONTACT PERSON: Ta-tanisha Adams TATEXT# 1131 JANUAR TO NOISIAN

OS 10F -5 BM 3: 22

BECEINED

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

Pursuant to the provisions of sections 607 the undersigned corporation organized und	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	_*
submits the following statement in order to	change its registered office or registered agent. To both, in	
the State of Florida.	- Table 1	
1. The name of the corporation:	ASS T	<u></u>
COMPSCRIPT, INC.	SHÝ 2 M	
2. The mailing address of the corporation:		
CONTRIGUOUS THE ASSOCIA	RD C	# 787 to -
3. Date of incorporation/qualification: June		
4. The name and address of the current regis		iu
CT Corporation System	The second secon	 ,1
1200 South Pine Island Ro	oad <u>a samente de la companya del companya de la companya del companya de la comp</u>	nti si e s
Plantation, FL 33324	<u></u>	
(P.O.	ed agent (if changed) and/or registered office (if changed): Box Not Acceptable)	
1201 Hays Street		
	A CONTROL OF THE STATE OF THE S	. ਦ ਾ
Tallahassee, FL 32301 The street address of its registered office an agent, as changed, will be identical.	d the street address of the business office of its registered	i Ai
Such change was authorized by resolution dauthorized by the board. (Signature of an officer, chairman or vice chairman)	huly adopted by its board of directors or by an officer so	:
PATRICIA PIZZUTO, Attorney in Fact		
(Printed or typed name and title)		., €: '₹ - <u>-</u> -
I further agree to comply with the provisions performance of my duties, and I am familiar registered agent.	to accept service of process for the above stated at as registered agent and agree to act in this capacity. It is soft all statutes relative to the proper and complete with and accept the obligation of my position as	
Corporation Service Company (Signature of Registered Agent)	6126102	
If signing on behalf of an entity:	(Date) Ithia L. Harris Is its agent	* * * *
(Typed or Printed Name)	(Capacity)	r.: ===
* * * FILL	NG FEE: \$35.00 * * *	

CR2E045(9/00)