Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

: NELSON - HESSE Account Name Account Number: I19990000187

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REGISTERED AGENT CHANGE

MEMORIAL FAMILY PHARMACY, INC.

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Corporate Filing

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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	
change is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	in order
to change us registered office or registered agent, or both, in the State of Northal.	
1. The name of the corporation: Memorial Family Pharmacy, Inc.	
2. The principal office address: 2919 W. Swann Ave., Ste. 101	
Tampa, FL 33609	<u>=</u>
3. The mailing address (if different):	
4. Date of incorporation/qualification: 9/01/1995 Document number: P95000067789	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State;	OSOEC B PH
J. Neal Mobley	
2070 Ringling Blvd.	15 d
Sarasota, FL 34237	12/00/12
	70
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	ON THE
Timothy L. Williamson	,
2919 W. Swann Ave., Ste. 101	
(P.O. Box or personal mailbox NOT acceptable)	
Tampa, FL 33609	_
The street address of its registered office and the street address of the business office of its registered changed will be identical.	agent, as
Such change was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	uthorized by
Timothy L. Williamson, Director	
(Signature of an power or chrector) (Printed or typed name and title)	
Thereby 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 and I am familiar with and accept the obligation of my position as registered agent. Or, if the being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation in writing of this change.	rmance of my is document is oration has
12/4/03	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Canacity)	

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