000006698 THE UNITED STATES **CORPORATION**

ACCOUNT NO. : 072100000032

REFERENCE: 805296 7101641

AUTHORIZATION :

COST LIMIT

ORDER DATE : May 4, 1998

ORDER TIME : 2:03 PM

ORDER NO. : 805296

CUSTOMER NO: 7101641

CUSTOMER: Mr. Don Stadelli

Nations Healthcare Inc. 1000 Mansell Exchange West

Suite #230

Alpharetta, GA 30202

CHANGE OF AGENT

NAME: MEGA PHARMACY CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ___ PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Glisar

corrected per Gail Shelby

500002510195--2

DIVISION OF CORPORATION

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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 undersigned corporation organized under the laws of the State of Fig.	
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation is: MEGA PHARMACY CORPORATION	
SUITE 230. ALPHARETTA, GA 30202	
3. Date of incorporation/qualification: 1/22/96 Docu	ment number: pacopopecae
4. The name and address of the current registered agent and office:	
JEFFREY G. KLEIN	981
2600 MILITARY TRAIL. SUITE 270	AHAY AHAY
BOCA RATON, FL 33431	SSEE FLORI
5. The name and address of the new registered agent and office: (P. O	BoxNot Acceptable)
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301	
The street address of its registered office and the street address of tagent, as changed, will be identical.	the business office of its registered
Such change was authorized by resolution duly adopted by its board authorized by the board	rd of directors or by an officer so
Llemen V / Wheel	4/30/98
(Signature of an officer, chairman or vice chairman of the pourd)	(Date)
TREATEN H MURDOCK, SELRETARY / IREASURER	
(Printed or typed name and title) Having been named as registered agent and to accept service of pr corporation, I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the ol registered agent.	(Due) rocess for the above stated and agree to act in this capacity. to the proper and complete bligation of my position as
Dark Alice	
(Signature of Registered-Agent)	(Date)
If signing on behalf of an entity: Gail Shelby	As agent
(Typed or Printed Name)	(Capacity)
CR2E045(3/96)	ana milikek noot un een
N^{0} 8238 b 3 $\sqrt{3}$ 305 abs total -> HWHW8K! Hade 3	Apt. 27. 1998 4:47PM CSC