Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000086827 3)))



H100000868273ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : J20000000195 Phone ; (850)521-1000 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE NATIONAL HEALTH INFUSION, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

## 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.   |
|--|
|  |
| 1. The name of the corporation: NATIONAL HEALTH INFUSION, INC.   |
| 2. The principal office address: 3449 Technology Dr., Ste. 311   |
| North Venice, FL 34275   |
| 3. The mailing address (if different): Two Tower Bridge, One Fayette Street, #150  Conshohocken, PA 19428  |
|  |
| 4. Date of incorporation/qualification: 01/17/1997 Document number: P9700005464  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:   |
| CT Corporation System  |
| CT Corporation System  c/o CT 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. Bux NOT acceptable)  |
| Tallahassee, FL 32301  |
| 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.  Suggestive of an officer or director)  Suggestive of an officer or director)   |
| 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: (14)   |
| (Bignanire of Registered Agent) (Date)   |
| If signing on behalf of an entity:   |
| Elizabeth A. Dawson, 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, TALLAHASSEB, FL 32314 CR2E045 (8/05)