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Florida Department of State

Division of Corporations

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Account Name : EDWARDS & ANGELL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

EZ-MED COMPANY

Certificate of Status	0
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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, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida 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: **EZ-MED COMPANY**

2. The mailing address of the corporation: 3350 N.W. 22nd Terrace, Suite 500-B
Pompano Beach, Florida 33069

3. Date of incorporation/qualification: 03/10/97 Document Number: P97000021744

4. The name and address of the current registered agent and office:

Michael D. Harris, Esq.
1645 Palm Beach Lakes Blvd., Suite 500
West Palm Beach, FL 33401

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P.O. Box Not Acceptable)

Angell Corporate Services, Inc.
One North Clematis Street, Suite 400
West Palm Beach, FL 33401

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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 board.

Edwin Christensen 3-29-02
(Signature of an officer, chairman or vice chairman of the board) (Date)

Edwin Christensen, V.P.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

John G. Igoe, Vice President 4/3/02
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
John G. Igoe Vice President
(Typed or Printed Name) (Capacity)

*** FILING FEE: $35.00 ***

Division Of Corporations P.O. Box 6327 Tallahassee, Fl 32314

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