7000087259



A CCOINTE	NTO	-

072100000032

REFERENCE :

863113

AUTHORIZATION

COST LIMIT :

ORDER DATE: October 13, 2000

ORDER TIME: 10:03 AM

ORDER NO. : 863113

CUSTOMER NO: 4716519

CUSTOMER: Mr. J Sturm

Vital Signs, Inc. 20 Campus Road

Totowa, NJ 07512

200003503442--8

CHANGE OF AGENT

NAME: VITAL PHARMA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds -- EXT#1133

EXAMINER:

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, 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 is: VITAL PHARMA, INC.	
2. The mailing address of the corporation is: 20 Campus Drive, Totowa, NJ 07512	
3. Date of incorporation/qualification: OCTOBER 9, 1997 Document number: P97000087259	
4. The name and address of the current registered agent and office:	
Hal Baseman	
1006 W. 15th Street	
Riviera Beach, FL 33404 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	ī
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) 😇 💆 🧖	<u>-</u>
Corporation Service Company)
1201 Hays Street	
Tallahassee, Florida 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.	
12//3/00	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
(Printed of 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.	
By: (Signature of Registered Agent) (Date)	
If signing on behalf of an entity: Wallette B. Hanciany ast. V.P.	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

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