

JAN. 31. 2006 11:27 AM

CAPITAL CONNECTION

NO. 4118

P. 1

P98000092612

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : 120000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

RECEIVED

06 JAN 31 AM 8:00

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

VANGUARD ADVANCED PHARMACY SYSTEMS, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CAPITAL CONNECTION

NO. 4118 P. 2

**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: Vanguard Advanced Pharmacy Systems, Inc.
2. The principal office address: 1200 Port Lane, Sarasota, FL 34242
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10-29-98 Document number: P98000092612

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

Taso M. Milonas  
1800 Second Street, Suite 884  
Sarasota, FL 34236

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

James E. Thomison, Esquire  
1800 Second Street, Suite 808  
(P.O. Box NOT acceptable)  
Sarasota, FL 34236

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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 the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Nick Generalovich, CEO/Director  
(Printed or typed name and title)

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.

  
(Signature of Registered Agent)

1/30/06  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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