

P99000023645

AKERMAN, SENTERFITT & EIDSON, P.A.

ATTORNEYS AT LAW

CITRUS CENTER
255 SOUTH ORANGE AVENUE
POST OFFICE BOX 231
ORLANDO, FLORIDA 32802-0231
(407) 843-7860
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April 7, 1999

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-04/12/99--01106--009
*****35.00 *****35.00

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Statement of Change of Registered Agent/Office
Pharmacy Plus, Inc.

Dear Sir or Madam:

Enclosed for filing is a Statement of Change of Registered
Office or Registered Agent or both for Corporations for the
above-referenced entity along with our check in the amount of
\$35.00 to cover the filing fee.

Your attention to this matter will be appreciated.

Sincerely,

Jean M. Fisher

Jean M. Fisher
Corporate Paralegal

/jmf
Enclosures

OR047220;1

NA Change

FILED
99 APR 12 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TUE APR 15 1999

Florida Department Of State, Kathrine Harris, Secretary Of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

FILED
99 APR 12 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

- 1a. The name of the corporation is: PHARMACY PLUS, INC.
- 1b. Date of incorporation: March 11, 1999 Document Number: P99000023645
2. The name and address of the current registered agent and office: Peter Reinert
255 South Orange Avenue
Orlando, FL 32802-0231
3. The name and address of the new registered agent and office: BARBARA J. LUTTRELL
(P.O. Box Not Acceptable) 285 West Central Parkway
Suite 1719
Altamonte Springs, FL 32714

The street address of its registered agent 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.

Barbara J. Luttrell
Signature
3-29-99
Date

BARBARA J. LUTTRELL, V. P. ADMIN.

Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE Barbara J. Luttrell
(Registered Agent)
DATE 3-29-99

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314