

ACCOUNT NO.

072100000032

REFERENCE

812057

\$ 35.00

99551A

AUTHORIZATION

COST LIMIT

ORDER DATE: August 25, 2000

ORDER TIME :

4:13 PM

ORDER NO. :

812057

500003373875--3

CUSTOMER NO: 99551A

CUSTOMER:

Samuel J. Cantor, Esq

Samuel J. Cantor, P A

6700 Broken Sound Parkway N.w.

Suite 200

Boca Raton, FL 33487

CHANGE OF AGENT

NAME:

MEDQUIK SUPPLY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom





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: MedQuik Supply, Inc.
1. The name of the corporation is.
2. The mailing address of the corporation is: 7300 N. Federal Highway
Suite 102-103, Boca Raton, Florida
3. Date of incorporation/qualification: 11/16/90 Document number: S13619
4. The name and address of the current registered agent and office:
Samuel J. Cantor
6700 Broken Sound Parkway N.W. Suite 200
Boca Raton, FL 33487
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable):
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.
(Signature of an officer, chairman or vice chairman of the board) (Signature of an officer, chairman or vice chairman of the board)
Roy H. BRESKY, DIRFETOR (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. 8/25/2000
By: Of C 3 /2000 (Date)
If signing on behalf of an entity:
BRÏAN COURTNEY, ASST. V.P.
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2EO45(7/97)

DIVISION OF CORPORATIONS

P. O. Box 6327

TALLAHASSEE, FL 32314