

ACCOUNT NO. :

072100000032

REFERENCE :

400962

5020685

600002187896--6

AUTHORIZATION : Tatu

COST LIMIT : \$ 35.00

ORDER DATE : May 21, 1997

ORDER TIME :

9:14 AM

ORDER NO. : 400962

CUSTOMER NO:

5020685

CUSTOMER: Ms. Marjorie Porter Sun Healthcare Group

101 Sun Lane, N.e.

Albuquerque, NM 87109

CHANGE OF AGENT

NAME:

PHARMACY FACTORS OF FLORIDA,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Daniel W Leggett

RHChq

Florida Department of State, Sandra B. Mortham, Secretary of State

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

the undersigned corpora	ns of sections 607.0502, 617.0 tion organized under the law. tatement in order to change its r	s of the State of <u>Flor</u>	ida
the State of Florida.	atement in order to change its r	egisterea urrice ur registerea	agent , or boar, in
1a. The name of the co	orporation is: Pharmacy F.	actors of Florida, Inc.	
			
1b. The mailing addres	ss of the corporation is: Pharm	macy Factors of Florida,	Inc., Legal
Dept., 101 Sun Lane	e, NE, Albuquerque, New Me	xico 87109	<u> </u>
1c. Date of incorporation: 5-28-91 Document number:		cument number: S56353	FO E
2. The name and address of the current registered agent and office:			200
Mark	R. Miklos		第二 至
6925	112th Circle, N, #102		22 PH 1:12
Large	o, Florida 34643		7. C.
3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)			
	oration Service Company		
1201	Hays Street		
Tallahassee, Florida 32301			
The street address of	its registered office and the str anged, will be identical.	reet address of the busines	s office of its
Such change was auth	orized by resolution duly adopt	ted by its board of directors	or by an officer
so authorized by the bo	pard.		
- Ylikh C	11/1	May 13, 199	7
(Signature of an offic vice chairman of		(Date)	
Nikki J. Mann, Sec (Printed or typed nam			
Having been named as	registered agent and to accep	ot service of process for the	above stated
corporation, I hereby a	ccept the appointment as register to comply with the provision of my duties, and I am familia	stered agent and agree to a ns of all statutes relative to	ct in this the proper and
By: Roch & Ro	Λαλλ	May 21, 1997	7
(Signature of Registered Agent)		(Date)	
If signing on behalf on a	an entity:		
Robyn R. Repa	188	Asst. Sec	retary

(Typed or Printed Name)

(Capacity)