

Document Number Only

S56353

FILED  
98 JUL 31 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

300002604603--4  
-07/31/98--01089--026  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Pharmacy Factors of Florida, Inc.

RECEIVED  
98 JUL 31 PM 4:31  
DIVISION OF CORPORATION

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Mark                      |
| <input type="checkbox"/> NonProfit                 | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report          | <input checked="" type="checkbox"/> Change of P.A. |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Fictitious Name           |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS/ G/S                  |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> Call if Problem           |
| <input type="checkbox"/> Certified Copy            | <input checked="" type="checkbox"/> Walk In     | <input type="checkbox"/> After 4:30                |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up        |
| <input type="checkbox"/> Mail Out                  |   |  |

Name	Availability
Document Examiner	Doc
Updater	1/31
Verifier	
Acknowledgment	
W.P. Verifier	

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

Please call Jeff Butcherfield  
if any problems/questions.

THANKS!

Florida Department of State, Jim Smith, Secretary of State

**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.

1a. The name of the corporation is: Pharmacy Factors of Florida, Inc.

1b. Date of incorporation May 28, 1991 Document number S56353

2. The name and address of the current registered agent and office:

Corporation Service Company

1201 Hays Street, Suite 105, Tallahassee, FL 32301

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324

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.

Michael T. Berg  
SIGNATURE

7/21/98

DATE

Michael T. Berg, Assistant Secretary  
(Type 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 BY: Vickie M. Prince

Vickie M. Prince (Registered Agent) Assistant Secretary

DATE 7/21/98

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

CR2E045 (7-91)

Filing Fee: \$35.00