

ACCOUNT NO. : 072100000032

REFERENCE

003059

4300090

AUTHORIZATION

COST LIMIT

ORDER DATE : October 20, 1998

ORDER TIME : 10:12 AM

ORDER NO. : 003059

CUSTOMER NO: 4300090

CUSTOMER: Mary A. Roma, Legal Assistant

Baer, Marks & Upham

805 Third Avenue, 19th Floor

New York, NY 10022

CHANGE OF AGENT

NAME:

M.K. DIABETIC SUPPORT

SERVICES, INC.

100002668871--2

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds



Del

R.A. Change

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

* * * FILING FEE: \$35.00 * * *

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1	
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	
1. The name of the corporation is: M.K. Diabetic Support Services, Inc.	<u> </u>
2. The mailing address of the corporation is: 8400 Bay Meadows Way	r. #3. Jacksonville, FL 32257
3. Date of incorporation/qualification: 1/2/92 D	ocument number: V03609
4. The name and address of the current registered agent and office:	7 S 98
Robert A. Pierce	
227 S. Calhoun Street	
Tallahassee, FL 32302	THE REPORT OF
5. The name and address of the new registered agent and office: (P	O. Box Not Acceptable)
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301	
The street address of its registered office and the street address agent, as changed, will be identical.	of the business office of its registered
Such change was authorized by resolution duly adopted by its bauthorized by the board.	oard of directors or by an officer so
(1 lay 4)	10/19/98
(Signature of an officer, chairman or vice chairman of the board)	(Date)
WARREN K. TROWSTIGE PROSIDENT	10/19/98
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept service of corporation, I hereby accept the appointment as registered age I further agree to comply with the provisions of all statutes relaperformance of my duties, and I am familiar with and accept the registered agent.	of process for the above stated in this capacity. The above stated agree to act in this capacity. The above stated agree to act in this capacity. The above stated as a complete to bligation of my position as
Corporation Service Company	10/20/98
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
VICKI SCHREIBER	ASST.VICE PRESIDENT (Capacity)
(Typed or Printed Name)	(Capacity)

(Typed or Printed Name)