

ACCOUNT NO. : 072100000032

REFERENCE

805296

7101641

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE : May 4, 1998

ORDER TIME :

2:04 PM

ORDER NO. : 805296

CUSTOMER NO: 7101641

000002510200--5

CUSTOMER: Mr. Don Stadelli

Nations Healthcare Inc.

1000 Mansell Exchange West

Suite #230

Alpharetta, GA 30202

## CHANGE OF AGENT

NAME:

SPECIALIZED PHARMACY SERVICES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Glisar

corrected shelby

212 841 5725; 04/28/98 10:21AM;#971; Page 8/12

## 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

	he provisions of sections 607.0502, 617.0502,		da Statutes, the
_	corporation organized under the laws of the State Allowing statement in order to change its registe		
suonais the jo State of Florid	<del>-</del>	rea office or registerea agent	, or vom, in the
-	of the corporation is: specialized Pharmacy s	FRUTOPS TWO	
., +180 startle,	at the societies is at the resident Electrican		
2. The mailin	g address of the corporation is: NATIONS HEALT	CARE, INC., 1000 MANSELL	Exchange west.
SUITE 23	0, ALPHARETTA, GA 30202	·	
3. Date of inc	orporation/qualification: 7/9/92	Document number: v4978	34.
4. The name	and address of the current registered agent and c	ffice:	98 SEC
	CHARLIE LAGER		CREET TO
	5525 ROOSEVELT BLVD.		W. T.
	JACKSONVILLE, FL 32244		SEX +
5. The name	and address of the new registered agent and offi	ce: (P. O. BoxNot Acceptable	
	Corporation Service Company		LORID
	1201 Hays Street		. A
	Tallahassee, FL 32301		•
The street ad agent, as cha	dress of its registered office and the street addinged, will be identical.	lress of the business office of	its registered
Such change	was authorized by resolution duly adopted by	its board of directors or by:	m officer so
AMERICA D	Teller H.V. da L	4120166	
(Signate	ure offer, chairman or vice chairman of the board)	(Date)	<u> </u>
STAPHEN	HMURDOCK SELECTARY TRE	ASURER	
	(Primed or typed name and title)	(Date)	<del></del>
Having been corporation, I fürther agn performance registered ag	named as registered agent and to accept served in hereby accept the appointment as registered see to comply with the provisions of all statutes of my duties, and I am familiar with and accept.	ice of process for the above s l agent and agree to act in th relative to the proper and c pt the obligation of my positi	stated is capacity. omplete ion as
×	Said Aloca		
	(Signature of Registered Agent)	(Date)	
	chalf of an entity:	A 4	
<u> </u>	uil Shelby (Typed or Printed Name)	As Agent	
CRZE045(3/96)	( + 1 feet of 1 and 1 an	(Capacity)	

Apr. 27, 1998 4:48PM CSC