

ACCOUNT NO. : 07210000032

REFERENCE :

530724 4391033

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: September 16, 1997

ORDER TIME : 9:16 AM

ORDER NO. : 530724

CUSTOMER NO: 4391033

CUSTOMER: Marla Refice, Paralegal

Cardinal Health, Inc. 5555 Glendon Court

Dublin, OH 43016

CARDINAL FLORIDA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Warren Whittaker

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

	provisions of sections 607.0502, 61		orida Statutes, the
	poration organized under the laws of		
	owing statement in order to change it	s registered office or registered ag	ent, or both, in the
State of Florida			. •
1. The name of	the corporation is: CARDINAL	FLORIDA, INC.	
2. The mailing a	address of the corporation is:		
3. Date of incor	poration/qualification: 09/30/92	Document number:	V67509
4. The name and	I address of the current registered age	nt and office:	
	C T Corporation System		75 9
	1200 S. Pine Island Road	· · · · · · · · · · · · · · · · · · ·	15000000000000000000000000000000000000
	Plantation, FL 33324	-	一点」いて
5. The name and	d address of the new registered agent	and office: (P. O. Box Not Acceptal	ble) Size a T
	Corporation Service Compa	ny	ole) SEEFFE
	1201 Hays Street		13
	Tallahassee, FL 32301		
The street addragent, as chang	ess of its registered office and the sted, will be identical.	reet address of the business office	e of its registered
Such change wauthorized by	as authorized by resolution duly add the board.	opted by its board of directors or b	by an officer so
	en A Dall	October	- 28, 1997
(Signature	of an officer, chairman or vice chairman of the	board) (Date	e)
George 1	H. Bennett, Jr., Secreta	ry October	28 , 1997
77 . 7	(Printed or typed name and title)	(Da	
corporation, I I I further agree	amed as registered agent and to acc nereby accept the appointment as re to comply with the provisions of all my duties, and I am familiar with a	gistered agent and agree to act in statutes relative to the proper and	ı this capacity. d complete
Guel	Muly	10/11/91	
۷ (٤	Signature of Registered Agent)	(Date)	
If signing on beha	If of an entity:	· 	
Lisa G. Mu	Iligan,	Asst. V.P.	
	Typed or Printed Name)	(Canacity)	

CR2E045(3/96)