

F97000000669

CORPORATION(S) NAME

Accredo Therapeutics, Inc.

FILED
02 AUG 26 PM 4: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
02 AUG 26 PM 3: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/26/02

Order#: 5514679

CB

Ref#: _____

000007352410--0
Amount: \$ -08/27/02--01002--005
*****35.00 *****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, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Accredo Therapeutics, Inc.

2. The mailing address of the corporation : 1640 Century Center Pkwy. Ste. 101, Memphis, TN 38134

3. Date of incorporation/qualification: 02/07/1997 Document number: 97000000669

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

Blumberg Excelsior Corporate Services, Inc.
4435 Old Winter Garden Rd.
Orlando, FL 32802

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road,
Plantation, Florida 33324

The street address of its registered office 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.

Thomas W Bell Sr
(Signature of an officer, chairman or vice chairman of the board)

7-6-02
(Date)

Thomas W Bell Sr, Sr Vice Pres.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

C T Corporation System
By: *[Signature]* 8/21/02
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

John J. Linnihan Vice-President
(Typed or Printed Name) (Capacity)

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

FILED
02 AUG 26 PM 4: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA