(Requestor's Name)				
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102 11/3/05



ACCOUNT NO. : 072100000032

REFERENCE : 683284

4369509

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE :	November 1, 2005
ORDER TIME :	11:36 AM
ORDER NO. :	683284-220
CUSTOMER NO:	4369509

## CHANGE OF AGENT

NAME: LYNNFIELD DRUG, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz r to change its registered office or register	zed under the laws of the S	State of Florida		
		_	лане ој Елогии.		
	he corporation: LYNNFIELD DRUG, INC				
2. The principal	2. The principal office address: 250 Technology Park, Lake Mary, FL 32746				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 12/29/2000	Document number:	P01000000227		
	I street address of the current registered ago tment of State:	ent and registered office o	n file with the		
	NRAI Services, Inc.		_ 55 S		
	2731 Executive Park Drive, Suite 4		THE STATE OF THE S		
	Weston, FL 33331		SSR -3 LE		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company				
	1201 Hays Street				
	(P.O. Box NOT acceptable)				
	Tallahassee, FL 32301				
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 wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors ified in writing of the cha	or by an officer so unge.		
Wayer	untull	Maureen Cullen, Attorney	In Fact		
(Signatu	re of an officer or director)	(Printed or typed	name and title)		
I hereby accept I further agree to of my duties, an document is bein corporation has	the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capa tes relative to the proper gation of my position as r registered office address	city. and complete performance registered agent. Or, if this s, I hereby confirm that the		
Corporation Service Company  By: October 26, 2005					
Sig	Signature of Registered Agent) (Date)				
If signing on bel	half of an entity:				
Elizabeth A. Dav	vson, Asst. V.P.				
(Typed or Printed Name)					
* * * FILING FEE: \$35.00 * * *					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314