

P15601

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
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DEPARTMENT OF STATE

REGISTERED AGENT CHANGE

SOLVAY PHARMACEUTICALS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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SEP-13-2005 16:33

**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, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Solvey Pharmaceuticals, Inc.
- 2. The principal office address: 901 Sawyer Road, Marietta, GA 30062
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: August 17, 1987 Document number: \_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

The Prentice Hall Corporation System, Inc.  
110 N. Magnolia Street  
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System  
c/o C T Corporation System  
 (P.O. Box or personal mailbox NOT acceptable)  
1200 South Pine Island Road, Plantation, Florida 33324

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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, or the corporation has been notified in writing of the change.

*Kimberly Currier* \_\_\_\_\_  
 (Signature of an officer, chairman or vice chairman of the board) Kimberly Currier, Vice President  
 (Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: *Denise Bell* \_\_\_\_\_  
 (Signature of Registered Agent)

9/13/05 \_\_\_\_\_  
 (Date)

If signing on behalf of an entity:  
Denise Bell  
 (Typed or Printed Name)

Denise Bell  
Assistant Secretary  
 (Capacity)

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

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