Document Number Only

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

800003255928--0 -05/17/00--01038--020 *****35.00 ******35.00

· <u>(</u>	Corporation(s) Name	<u>2</u>
		PA 3 Douge = = =
· 2M	ternal Meditine Specie	list, be
	/	FLORIDA 14
()Profit ()Nonprofit	()Amendment	()Merger
()Foreign ()LLC	()Dissolution	()Mark
()Limited Partnership ()Reinstatement	()Annual Report ()Reservation ()Fictitious Name	
()Certified Copy	()Photocopies	RAT - M
(XXX)Walk in	(XXX)Pick-up	()Will Wage 25
Name Availability: Document Examiner: Updater: Verifier: Acknowledgement: W.P. Verifier:	· · · · · · · · · · · · · · · · · · ·	Please Return Extra Copies File Stamped To: Melanie Strickland

Florida Department of State, Jim Smith, Secretary of State

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, Florida Statutes, the undersigned corporation organized under the laws submits the following statement in order to change its or registered agent, or both, in the State of Florida.	of the State of	
1a. The name of the corporation is:INTERNAL MEDICINE SPECIA	ÄLISTS, INC.	
1b. Date of incorporation November 1, 1997 Document number	oer_603167	
2. The name and address of the current registered agent and office: Robert Baker	F1 00 HAY SECKLIA	
3885 Oakwater Circle, Orlando, FL 32806	SEE 7	
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM	PH 2: 14 FLORIDA	
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantat	ion Florida 333	24
The street address of its registered agent and the street address of the of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of an officer so authorized by the board.	business office	
Gloo SIGNATURE Alan Mah Isky, (Type or printed name a	HSSI Sec.	
DATE	,	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SEPROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REAGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH ANTHE OBLIGATION OF MY POSITION AS REGISTERED AGENT.	E DESIGNATED EGISTERED ETO COMPLY PER AND COM- ND ACCEPT	
SIGNATURE BY: T CORPORATION SYS	WS	
DATE 5/50 (Registered Age		310
\mathcal{I}	MARY R. ADA FL 32314	IVIS ECRETARY
Division of Corporations, P.O. Box 6327, Tallahassee,	rl 32374	

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)