SO AUG 10 PM 1: 40 **Document Number Only** CT Corporation System Requestor's Name 660 East Jefferson Street Address Tallahassee, FL 32301 (850)222-1092 200002963332--01063--017 Clty State Zip Phone *****35.00 *****35.00 CORPORATION(S) NAME medophis Physician Services Componention () Profit () NonProfit () Amendment () Merger () Dissolution/Withdrawal () Foreign () Mark () LLC () Limited Partnership () Annual Report () Other UCC_Filing () Reinstatement () Reservation Change of R.A. () Certified Copy () Photo Copies () Call When Ready () Call if Problem () After 4:30 [∞] ★ Walk In () Mail Out () Will Wait **¥** Pick Up Name Availability C Document Please Return Extra Copies Examiner File Stamped To: Updater Jeffrey Butterfield Verifier Acknowledgment

CR2E031 (1-89)

W.P. Verifier

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, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Georgia submits the following statement in order to change its registered office	
or registered agent, or both, in the State	of Florida.
1a. The name of the corporation is: MEDA	APHIS PHYSICIAN SERVICES CORPORATION
1b. Date of incorporation	Document number #28310
The name and address of the current	registered agent and office:
The Prentice-Hall Corporation System	n, Inc.
1201 Hays Street, Suite 105, Tallah	assee, FL 32301
3. The name and address of the new re (P.O. Box Not Acceptable)	
c/o C T CORPORATION SYSTEM, 1200 Sou	th Pine Island Rd., Plantation Florida 33324
Such change was authorized by resolution an office so authorized by the board. SIGNATURE DATE	Randolph L. M. Hutto (Type or printed name and title)
PROCESS FOR THE ABOVE STATED OF IN THIS CERTIFICATE, I HEREBY ACC AGENT AND AGREE TO ACT IN THIS OF WITH THE PROVISIONS OF ALL STATE PLETE PERFORMANCE OF MY DUTIES THE OBLIGATION OF MY POSITION ASSISTANT SECRETARY	C T CORPORATION SYSTEM
DATE	O. Box 6327, Tallahassee, FL 32314
Division of Corporations, Per	Filing Fee: \$35.00
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CR2E045 (7-91)

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