

P 94000065250



ACCOUNT NO. : 072100000032

REFERENCE : 110355 7182683

AUTHORIZATION : *Patricia Pizut*

COST LIMIT : \$ 35.00

FILED
01 APR 10 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 10, 2001

ORDER TIME : 10:41 AM

ORDER NO. : 110355

700003984547--7

CUSTOMER NO: 7182683

CUSTOMER: John Stair, Esq
Team Health, Inc.
1900 Winston Road
Suite 300
Knoxville, TN 37919

CHANGE OF AGENT

NAME: SENTINEL MEDICAL SERVICES,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams -- EXT#1131

EXAMINER: _____

RECEIVED
01 APR 10 11:36
DIVISION OF REVENUES
TALLAHASSEE, FLORIDA

G. COULLETTE APR 10 2001

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 FLORIDA 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: SENTINEL MEDICAL SERVICES, INC.
2. The mailing address of the corporation: 1900 Winston Rd., Suite 300
Knoxville, TN 37919
3. Date of incorporation/qualification: 09/06/1994 Document number: P94000065250
4. The name and address of the current registered agent and office:

EDWARD M. SCHLEIN, M.D.

710 YORKTOWN DRIVE

LEESBURG, FL 34748

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

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 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 was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

4/9/01
(Date)

John R. Stair, Assistant Secretary

(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.

(Signature of Registered Agent)

4-10-01
(Date)

If signing on behalf of an entity:

BRIAN COURTNEY, ASST. V.P.

(Typed or Printed Name)

(Capacity)

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