



Buchanan Ingersoll
ATTORNEYS

Linda L. Fleming
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N 97000003941

September 12, 2001

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

PRINCIPAL LOCATIONS

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-09/17/01--01071--007
*****35.00 *****35.00

Re: **Florida Health Sciences Center, Inc.**

Dear Sir or Madam:

We have enclosed original and one copy of a Statement of Change of Registered Office or Registered Agent or Both for Corporations, duly executed by the President of Florida Health Sciences Centers, Inc. and the new Registered Agent. Also enclosed is a check in the amount of \$35.00 to cover the filing fee.

Please provide me a stamped copy of the enclosed Statement of Change by return mail. We have enclosed a self-addressed, stamped envelope for your convenience. If you have any questions or need further information, please call me. Thank you.

Sincerely,

Linda L. Fleming

Enclosures

cc: Mr. Ronald A. Hytoff (w/o enclosures)
James J. Kennedy, III, Esq. (w/o enclosures)

FILED
01 SEP 17 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change

SEP 20 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: Florida Health Sciences Center, Inc.

2. The mailing address of the corporation: P.O. Box 1289, Davis Islands, Tampa, FL 33601

3. Date of incorporation/qualification: July 9, 1997 Document number: N97000003941

4. The name and address of the current registered agent and office:

Frank Testa, Tampa General Healthcare

Davis Islands

Tampa, FL 33606

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

Karen Zehnder, R.N., Tampa General Hospital

2 Columbia Drive, Davis Islands

Tampa, FL 33606

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TALLAHASSEE, FLORIDA

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.

Ronald A. Hytoff
(Signature of an officer, chairman or vice chairman of the board)

9/10/01
(Date)

Ronald A. Hytoff, President and Chief Executive Officer
(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.

Karen Zehnder
(Signature of Registered Agent)

9/7/01
(Date)

If signing on behalf of an entity:

Karen Zehnder, R.N.
(Typed or Printed Name)

Director of Risk Management
(Capacity)

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