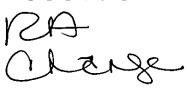
## P9900099042

| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| (Ac                     | ddress)           |             |
| (Ac                     | ddress)           | _           |
| (Ci                     | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | . WAIT            | MAIL        |
| (Bı                     | ısiness Entity Na | me)         |
| (Do                     | ocument Number    | )           |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



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TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE STORY OF SOME ATTOMS OF THE PROPERTY OF STATE STATE SOLD FOR ATTOMS OF THE PROPERTY OF THE

B2 4/30/07



| ON SERVICE COMPANY.                                  |
|--|
| ACCOUNT NO. : 072100000032                           |
| REFERENCE : 852136 7452534                           |
| AUTHORIZATION: Spelkelena                            |
| COST LIMIT : \$ 35.00                                |
| ORDER DATE : April 16, 2007                          |
| ORDER TIME : 2:44 PM                                 |
| ORDER NO. : 852136-270                               |
| CUSTOMER NO: 7452534                                 |
| CHANGE OF AGENT                                      |
| NAME: TEXARKANA MEDICAL EQUITY INVESTORS CORPORATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:      |
| CERTIFIED COPY  XX PLAIN STAMPED COPY                |
| CONTACT PERSON: Susie Knight EXT# 2956  EXAMINER:    |
|  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

|   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida  |
|---|---|
|   | r to change its registered office or registered agent, or both, in the State of Florida.  |
| 1. The name of the  | he corporation: TEXARKANA MEDICAL EQUITY INVESTORS CORPORATION  |
| 2. The principal  | office address: 420 South Orange Avenue, Suite 500, Orlando, FL 32801   |
| <u> </u>  |   |
| 3. The mailing ac   | ddress (if different):  |
| 4 Data of incom   | poration/qualification: November 10, 1999 Document number: P99000099042   |
|   |   |
|   | I street address of the current registered agent and registered office on file with the registered truent of State:   |
|   | Amy J. Patterson  |
|   | 420 South Orange Avenue, Suite 500  |
|   | Orlando, FL 32801   |
| 6. The name and (if changed):   | street address of the new registered agent (if changed) and /or registered office  Corporation Service Company  |
|   | Corporation Service Company   |
|   | 1201 Hays Street  |
|   | (P.O. Box NOT acceptable)   |
|   | Tallahassee, FL 32301   |
| The street address as changed will  | ss of its registered office and the street address of the business office of its registered agent, be identical.  |
| Such change wa authorized by th   | is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.   |
| Spian   | Man Brian J. Maas, Sr. V.P.   |
| I hereby accept to I further agree to of my duties, and document is being corporation has | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. |
| D (   | Service Company 4 21 - 07   |
| - O ign   | nature of Registered Agent)  (Date)   |
| If signing on bel   | half of an entity:  |
| Sylvia Queppet  |   |
| (T)   | yped or Printed Name)   |
|   | * * * FILING FEE: \$35.00 * * *   |

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314