



645491

ACCOUNT NO. : 072100000032

REFERENCE : 052969 7163150

AUTHORIZATION :

Patricia Ryzut

COST LIMIT : \$ 35.00

ORDER DATE : December 4, 1998

ORDER TIME : 2:16 PM

ORDER NO. : 052969

CUSTOMER NO: 7163150

800002705188--9

CUSTOMER: Mr. Stephen Dilleuth  
Ameripath, Inc.  
Suite 200  
7289 Garden Road  
West Palm Beach, FL 33404

CHANGE OF AGENT

NAME: DRS. RODGERS, WHITE & SMITH,  
M.D., INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

FILED  
98 DEC -7 PM 5:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
98 DEC -7 PM 2:44  
DEPARTMENT OF  
TALLAHASSEE, FLORIDA

See 12/7

STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH

98 DEC -7 PM 5:16  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Sections 607.0502, 617.0502, 607.1508 and 617.1508 Statutes, the undersigned corporation, organized under 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 is:

DRS. RODGERS, WHITE & SMITH, M.D., INC.

1a. Date of incorporation/authorization November 19, 1979.

2. The name and address of the present registered agent and office:

John L. Rodgers, M.D.  
1000 36th Street  
Vero Beach, FL 32960

3. The name and address of the successor registered agent and office:

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

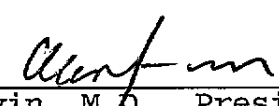
The address of its registered agent and the address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors.

DATE

11/30/98

SIGNATURE

  
Alan Levin, M.D., President

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

DATE

12-4-98

SIGNATURE

  
Dolores Burton, Asst. Secretary