850454

CT CORPORATION SYSTEM

CORPORATION(S) NAME		AMI SEP 26 PH 12: 07 SECRETARSEE FLORIDGE TALLMAASSEE FLORIDGE
(1) CCN Managed Care, Inc.		FILED FILED
(2) Preferred Works, Inc.		P
		7.0
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		,
() Profit	() Amendment	() Merger
() Nonprofit		() Williams
() Foreign	() Dissolution/Withdrawal	() Mark
20 20 20 20 20 20 20 20 20 20 20 20 20 2	() Reinstatement	D
() Limited Partnership	() Annual Report	() Other
()LLC	() Name Registration	Change of RA
() () () () ()	() Fictitious Name	UCC ≤ € III
() Certified Copy	() Photocopies	() CUS 2 2
() Call When Ready	() C-II ICD -1.1.	() Other () Change of RA () UCC () CUS () CON (X) Pick Up (X) Pick Up (X) (X) Pick Up (X)
(x) Walk In	() Call If Problem	() After 4:30
() Mail Out	() Will Wait	(x) Pick Up $\overline{\mathbf{g}} = 0$
() Islan Out		
Name	9/26/01	Order#: 4772481
Availability		,
Document	MS	4000046120149 -09/26/0101045015
Examiner		Ref#: *****35.00 *****35.00
Updater		
Verifier		
W.P. Verifier		Amount: \$

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 C. Coulliste SEP 2 6 2001

Florida Department of State, Sandra B. Mortham, 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 Delaware 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: Preferred Works, Inc.						
2. The mailing address of the corporation is: One Park Plaza, Nashville, TN	1 37203		-	- .		
3. Date of incorporation/qualification: 05/25/99 Docum	ent number: 850	154				
4. The name and address of the current registered agent and office:						
		AS:	200			
The Prentice-Hall Corporation System, Inc.		£ AR	S			
1201 Hays Street		IAS	SEP 26	_		
Tallahassee, FL 323012525		SEE	95	Ē		
5. The name and address of the new registered agent and office: (P. O.)	Box Not Acceptable)	- C	PM 12: 0:	i.		
C T Corporation System		STA OR	छ			
c/o C T Corporation System, 1200 South Pine Island Road		IDA A	07			
Plantation, Florida 33324			_			
The street address of its registered office and the street address of the	e business office of it	ts regist	ered			
Such change was authorized by resolution duly adopted by its board authorized by the board.	l of directors or by an	officer	so			
authorized by the board.	9/13/0	, ,				
(Signature of an officer, chairman or vice chairman of the board)	(Date)					
(Signature of all office)	aliz/	, -				
Susan T. Smith, Officer	7// <u>5</u> /(Date)					
(Printed or typed name and title) Having been named as registered agent and to accept service of preorporation, I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the or registered agent.	ocess for the above s ind agree to act in thi to the proper and co bligation of my positi	tated is capac mplete ion as	ity.			
(Siknature of Registered Agent)	9/4/01 (Date)					
If signing on behalf of an entity: Christine M. Eastwine						
Christine Eastwine Assistant Secretary Assistant (Typed or Printed Name)	nt Secretary (Capacity)		_			
	, -	FEE: \$35.0	00			
CR2E045(4/95)						