

A16498
LEBOEUF, LAMB, GREENE & MACRAE
L.L.P.

A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

NEW YORK
WASHINGTON
ALBANY
BOSTON
DENVER
HARRISBURG
HARTFORD
JACKSONVILLE

50 N. LAURA STREET
SUITE 2800
JACKSONVILLE, FL 32202-3650

(904) 354-8000

FACSIMILE: (904) 353-1673

WRITER'S DIRECT DIAL:

(904) 630-5338

LOS ANGELES
NEWARK
PITTSBURGH
PORTLAND, OR
SALT LAKE CITY
SAN FRANCISCO
BRUSSELS
MOSCOW
ALMATY
LONDON
(A LONDON-BASED
MULTINATIONAL PARTNERSHIP)

March 26, 1997

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

200002127032--5
-03/28/97--01078--006
*****35.00 *****35.00

Re: St. Johns Medical Investors, Ltd.

Dear Sir/Madam:

Enclosed for filing is a Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both for the above referenced limited partnership. Also, enclosed is a check made payable to the Florida Department of States in the amount of \$35.00 representing the required filing fee.

If you have any questions, please call me.

Sincerely,

Peggy Parks

Peggy Parks
Paralegal

Enclosure (Check No. 80005179)
cc: John S. Duss, IV (w/o enc.)
JK93535.1

FILED
97 MAR 28 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R O Chang
3/31/97
DC

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership 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. St. Johns Medical Investors, Ltd.
Name of the limited partnership

2. 2-28-84 3. A16498
Date of filing/registration in Florida Document number assigned

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

John S. Duss, IV
200 W. Forsyth Street, Suite 1600
Jacksonville, FL 32202

5. The name and street address of the successor registered agent and office: (P.O. Box ~~not~~ acceptable)

John S. Duss, IV
50 N. Laura Street, Suite 2800
Jacksonville, FL 32202

Such change was authorized by the general partners.

CONSOLIDATED HEALTH SERVICES, INC.

By: Donald O. Parrett, President 3-19-97
Donald Parrett Signature of General Partner Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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.

John S. Duss, IV 3.17.1997
Registered Agent signature Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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