

ACCOUNT NO. : 072100000032

REFERENCE: 481928 4390339

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: July 31, 1997

ORDER TIME : 3:09 PM

ORDER NO. : 481928

CUSTOMER NO: 4390339

CUSTOMER: Ms. Fran Soldo

Medpartners, Inc. 3000 Riverchase

Galleria Tower / Ste. 1000 Birmingham, AL 35244

400002254424--7

CHANGE OF AGENT

NAME: EMSA LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX_____PLAIN STAMPED COPY

CONTACT PERSON: Debbie

FILED LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH IS 11

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, submits the
following statement in order to change its registered office or registered agent, or both, in the state of
Florida.
1. EMSA LIMITED PARTNERSHIP
Name of the limited partnership
2. 9/30/88 3 A 27/41
Date of filing/registration in Florida Document number assigned
4. The name and address of the present registered agent and office:
C T CORPORATION SYSTEM
1200 So. Pine Island Drive
Plantation, FL 33324
5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)
Corporation Service Company
1201 Hays Street, Suite 105
Tallahassee, Florida 32301
Such change was authorized by the general partners.
InPhyNet Hospital Services, Inc.
July 29, 1997
Signature of General Partner Tracy P. Thrasher - Vice President/Secretary 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
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.
By: Port B Rosar 1-31-97
Registered Agent signature Date KAREN B. ROZAR

Filing Fee: \$35.00