



THE UNITED STATES
CORPORATION
COMPANY

A95000001007

ACCOUNT NO. : 072100000032

REFERENCE : 402506 4334907

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : May 23, 1997

ORDER TIME : 9:29 AM

500002189615--9

ORDER NO. : 402506

CUSTOMER NO: 4334907

CUSTOMER: Ms. Melinda Lampkin
Columbia/hca Healthcare
P.O. Box 550
One Park Plaza
Nashville, TN 37202

97 MAY 23 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: LAWNWOOD REGIONAL CANCER
CENTER LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Daniel W Leggett

PAch19
KRG
5/23

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

Pursuant to the provision 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. LAWNWOOD REGIONAL CANCER CENTER LIMITED PARTNERSHIP
Name of the limited partnership

2. JULY 03, 1995 3. A95000001007
Date of filing/registration in Florida Document number assigned

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

CORPORATE ACCESS, INC.

1116-D THOMASVILLE ROAD

TALLAHASSEE, FL 32303

5. The name and street address of the successor registered agent and office (P.O. Box acceptable)

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

Such change was authorized by the general partners.
LAWNWOOD REGIONAL MEDICAL CENTER, INC.

BY:

Stephen T. Braun
Signature of General Partner

5-22-97

Date

Stephen T. Braun, Senior Vice President

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.

Corporation Service Company

BY:

Karen B. Rozar
Registered Agent signature

5-23-1997

Date

Karen B. Rozar, As Its Agent Filing Fee: \$35.00

Division of Corporations