



Buchanan Ingersoll & Rooney
ATTORNEYS

A96000000366

March 5, 2001

VIA FEDERAL EXPRESS

Florida Dept. of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

PRINCIPAL LOCATIONS

PHILADELPHIA
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HARRISBURG
TAMPA
WASHINGTON, DC

Re: Statements of Change of Registered Office/Registered Agent

Dear Sir or Madam:

200005049902--7
-03/06/02--01039--016
****420.00 *****35.00

We have enclosed one original and one copy of Statements of Change of Registered Office or Registered Agent or Both, duly executed and dated, for the following corporations and limited partnerships:

Intracoastal Health Corporation
Intracoastal Holdings, Inc.
Intracoastal Practice Services, Inc.
Good Samaritan Health Corp.
Good Samaritan Medical Pavilions, Inc.
St. Mary's Imaging Center, Inc.
St. Mary's ASC, Inc.
St. Mary's Care Services, Inc.
Women's Health Services, Inc.
St. Mary's Ancillary Services, Inc.
The Edward and Lucille Kimmel Outpatient Surgical Center Limited Partnership
PHD Investors, LTD.

FILED
02 MAR -6 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please provide me with a stamped copy of the enclosed Statements of Change by return mail. We have enclosed a self-addressed, stamped envelope for your convenience. Thank you.

Very truly yours,

Dale Webber /KH

Dale S. Webber

A96-366
AK

Enclosures

**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 submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. The Edward and Lucille Kimmel Outpatient Surgical Center Limited Partnership
Name of the limited partnership

2. 2/26/96
Date of filing/registration in Florida

3. A96000000366
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Valerie Larcombe, Esq.
Akerman Senterfitt
777 S. Flagler Dr., Suite 900E
Address

West Palm Beach, FL 33401-6125
City, State and Zip

5. The name and address of the new registered agent and/or office:

Dale S. Webber, Esq.
Name


401 E. Jackson Street, Suite 2500
Florida street address (P.O. Box not acceptable)

Tampa, FL 33602
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

 1/24/02
Signature of General Partner

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 obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

 3/5/02
Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA