



THE UNITED STATES
CORPORATION
COMPANY

A96000001100

ACCOUNT NO. : 072100000032

REFERENCE : 845242 7119690

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN -8 AM 9:36

ORDER DATE : June 5, 1998

ORDER TIME : 3:06 PM

ORDER NO. : 845242

CUSTOMER NO: 7119690

CUSTOMER: Marcia K. Cox, Legal Asst
Pediatric Services Of America
310 Technology Parkway

Norcross, GA 30092

700002552067--0

CHANGE OF AGENT

NAME: PSA HOME HEALTHCARE,
LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stacy L Earnest

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DIVISION OF CORPORATION

WHL
6/8/98

**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. PSA HOME HEALTHCARE, LIMITED PARTNERSHIP
Name of the limited partnership

2. 6/11/1996 3. A96000001100
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 South Pine Island Road
Plantation, FL 33324

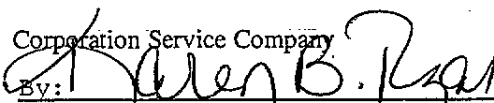
5. The name and street address of the successor registered agent and office (P.O. Box not acceptable)

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

Such change was authorized by the general partners.

 5/21/98
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.

Corporation Service Company
By:  6.8.98
Registered Agent signature Date
Karen B. Rozar, As Agent

Filing Fee: \$35.00

Division of Corporations

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