

A99000002049

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LAW OFFICES OF
KENNEDY & ASSOCIATES, P.L.**

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Admitted in Ohio Only, Practice Limited
To Matters of Federal Tax Law

** Also Admitted in Colorado and Montana

*** Also Admitted in New York and the District of Columbia

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January 25, 2005

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Physicians Healthcare Enterprises, Ltd.

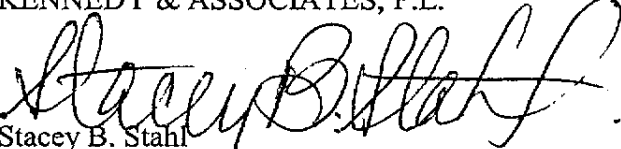
To Whom It May Concern:

Enclosed please find Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both for the above referenced entity.

Also enclosed is a check number 3438 in the amount of \$35.00, representing your fee for filing same.

Please do not hesitate to contact us if you have any questions regarding these enclosures.

Very truly yours,,
KENNEDY & ASSOCIATES, P.L.


Stacey B. Stahl
Operations Manager

:sbs
Encl.

FILED
2005 JAN 27 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

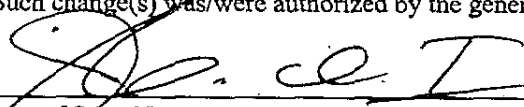
**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

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. PHYSICIANS HEALTHCARE ENTERPRISES, LTD.
Name of the limited partnership
2. 10/28/1999 3. A99000002049
Date of filing/registration in Florida 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: METSCH, BENJAMIN
Name
1455 NW 14TH STREET
Address
MIAMI, FL 33125
City, State and Zip

5. The name and address of the new registered agent and/or office:
DENES, GREG
Name
14255 U.S. HIGHWAY ONE, SUITE 243
Florida street address (P.O. Box not acceptable)
JUNO BEACH FL 33408
City, State and Zip

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


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.


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

FILED
2005 JAN 28 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA