

Document Number only

B 94000000140

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

600002893906--8

-06/03/99-01044-003

*****35.00 *****35.00

FILED STATIONS
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
99 JUN -3 PM 2:20

Tampa IVF/Gift Center, L.P., Ltd.

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|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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THANKS

JOEY

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

99 JUN -3 AM 11:05

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3/K

6/3/99

Florida Department of State, Jim Smith, Secretary of State

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN 3 PM 2:20

1. The name of the limited partnership is:

Tampa IVF/Gift Center, L.P., Ltd.

2. The date of filing/registration in Florida:

April 13, 1994

3. Document number assigned:

B94000000140

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

Corporation Information Services, Inc.

1201 Hays Street

Tallahassee, FL 32301

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

C T CORPORATION SYSTEM

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

Such change was authorized by the general partners.

SIGNATURE: 

by Bill D. Long, General Partner Jr. (as the VP of SCA-Tampa,
Date: Inc., a partner of the GP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIG-
NATED 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.

C T CORPORATION SYSTEM

SIGNATURE: 

(Officer)

Mary R. Adams, Assistant Secretary

(Type Name and Title of Officer)

Date: 5-21-99

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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Filing Fee: \$35.00