

LAW OFFICES
BREIDENBACH, BREIDENBACH, TRONCELLITI & BAUER

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DOUGLAS BREIDENBACH, JR.
SCOTT E. BREIDENBACH
MANRICO A. TRONCELLITI, JR.*
PAUL A. BAUER, III

F93000000712

March 29, 1999

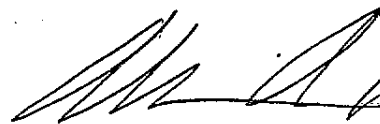
Florida Department of State
Jim Smith, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

To Whom It May Concern:

Enclosed please find a "Statement of Change of Registered Office or Registered Agent, or Both for Corporations" for the above-captioned corporation. Please file it accordingly and kindly send to me a time-stamped copy in the enclosed envelope.

Very truly yours,



Manrico A. Troncelliti, Jr.

FILED
99 APR 20 PM 1:41
OFFICE OF STATE
CLERK
TALLAHASSEE, FLORIDA

cc: Mr. Emre Umar, Vice President,
Correctional Physician Services, Inc.

CM
F93000000712
RACH
4/20/99



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 6, 1999

CORRECTIONAL PHYSICIAN SERVICES, INC.
1787 SENTRY PARKWAY WEST
BLDG. 16, SUITE 210
BLUE BELL, PE 19422

SUBJECT: CORRECTIONAL PHYSICIAN SERVICES, INC.
Ref. Number: F93000000712

We have received your document for CORRECTIONAL PHYSICIAN SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 199A000174

FILED
99 APR 20 PM 1:41
TALLAHASSEE, FLORIDA

Correctional Physician Services, Inc.

Friday, April 16, 1999

Ms. Carol Mustain
Corporate Specialist
Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

REF: F93000000712, Letter Number 199A00017419

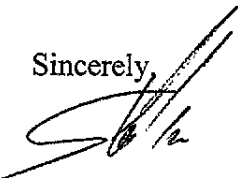
Dear Ms. Mustain:

Attach please find a corrected Statement of Change Form, properly signed by Mr. Emre Umar, Vice President and an authorized Officer of the Corporation and by William R. Mills, our Director of Florida Operations and our designated Registered Agent.

CPS apologizes for its previous error in completing the form. If I may provide any further assistance in this or any other matter, please contact me at the below-listed phone number.

Thank you for your time and consideration.

Sincerely,



Stephen B. Knowlton, III
Director of Business Development

Encl.

FILED
99 APR 20 PM 1:41
TALLAHASSEE, FLORIDA

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Pennsylvania submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Correctional Physician Services, Inc.

1b. Date of Incorporation 2-16-93 Document Number 154-3679

2. The name and address of the current registered agent and office:

C T Corporation System

1200 South Pine Island Road, Plantation, FL 33324

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

Correctional Physician Services, Inc. / William R. Mills

1350 SW Dyer Point Road, Palm City, FL 34990

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


SIGNATURE
4/16/99
DATE

Emre Umar - Vice President
(Type or printed name and title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

SIGNATURE BY: 

(Registered Agent)

DATE 4/15/99

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

CR2E045 (7-91)

Filing Fee: \$35.00

FILED
99 APR 20 PM 1:44
TALLAHASSEE, FLORIDA
SECRETARY OF STATE