

ACCOUNT NO. : 07210000032

REFERENCE :

343728

AUTHORIZATION ...

COST LIMIT :

\$ 35.00

ORDER DATE: April 24, 1997

ORDER TIME :

9:18 AM

ORDER NO. : 343728-090

800002188018--4

CUSTOMER NO:

7128165

CUSTOMER: Wendy Sara, Secretary

Usa Managed Care Organization,

Suite 201

7301 North 16th Street Phoenix, AZ 85020

CHANGE OF AGENT

NAME:

NATIONAL UTILIZATION MANAGEMENT CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Daniel W Leggett

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 Arizona submits the following statement in order to change its registered office or registered agent, or both, in the State Florida. 1a. The name of the corporation is: _ NATIONAL UTILIZATION MANAGEMENT CORPORATION 1b. Date of incorporation: March 1, 1993 Document number 2. The name and address of the current registered agent and office: C T CORPORATION SYSTEM 1200 SO. PINE ISLAND DRIVE **PLANTATION** 33324 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) CORPORATION SERVICE COMPANY 1201 Hays Street, Tallahassee, Florida 32301 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 of the an officer so authorized by the board. WENDY SARA, SECRETARY

Typed 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE By:

DATE