



F94000003225

ACCOUNT NO. : 072100000032

REFERENCE : 764398 7146786

AUTHORIZATION :

Patricia Pigott

COST LIMIT : \$ 35.00

ORDER DATE : April 1, 1998

ORDER TIME : 9:51 AM

ORDER NO. : 764398-005

CUSTOMER NO: 7146786

CUSTOMER: Mr. Daniel M. Epstein
PHC Central Florida, Inc.
Suite 300
990 Hammond Drive
Atlanta, GA 30328

900002476459-0

CHANGE OF AGENT

NAME: PHC CENTRAL FLORIDA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XXX PLAIN STAMPED COPY

CONTACT PERSON: Lynette Coleman

FILED
98 APR -2 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
98 APR -2 AM 10:43
DIVISION OF CORPORATION

4/2

Jon RA Change



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 2, 1998

CSC
LYNETTE
TALLAHASSEE, FL

SUBJECT: PHC CENTRAL FLORIDA, INC.
Ref. Number: F94000003225

We have received your document for PHC CENTRAL FLORIDA, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

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) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 398A00017641

RESUBMIT
Please give original
submission date as file date.

*** FILING FEE: \$35.00 ***

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 Georgia submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: PHC Central Florida, Inc.

2. The mailing address of the corporation is: c/o Physician Health Corporation

990 Hammond Drive, Suite 300, Atlanta, Georgia 30328

3. Date of incorporation/qualification: _____ Document number: _____

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

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

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

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

FILED
98 APR -2 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office 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.

Sarah C. Garvin
(Signature of an officer, chairman or vice chairman of the board)

3/20/98
(Date)

Sarah C. Garvin, President

(Printed or typed name and title)

March 20, 1998

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Carol K. Dolor
(Signature of Registered Agent)

3-30-98
(Date)

If signing on behalf of an entity:

Carol K. Dolor
(Typed or Printed Name)

As It's agent
(Capacity)