

CT CORPORATION

CORPORATION

02 JUL -2 PM 14:33
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ECS of Louisiana, A Professional Medical Corporation

RA
Change

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <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 | | |

Name _____ 7/2/02
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

Order#: 5422590

Ref#: _____

Amount: \$ _____

RECEIVED
02 JUL -2 AM 11:18
DIVISION OF CORPORATION

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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-07/02/02--01044--025
*****35.00 *****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 Louisiana 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 : ECS of Louisiana, A Professional Medical Corporation
2. The mailing address of the corporation : 2828 Croasdaile Drive
Durham, North Carolina 27705
3. Date of incorporation/qualification: 10/08/99 Document number: F99000005214
4. The name and address of the current registered agent and office:

Registered Agents of Florida, LLC

110 SE 2nd Street, Suite 3500

Miami, Florida 33131

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

C T Corporation System

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

Plantation, Florida 33324

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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.

Anita S. Wegner
(Signature of an officer, chairman or vice chairman of the board)

JUN 26 2002

(Date)

Anita S. Wegner, Secretary
(Printed or typed name and title)

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.

C T Corporation System

By:

Joan Bolden
(Signature of Registered Agent)

7/1/02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

JOAN BOLDEN

(Capacity)

ASSISTANT SECRETARY

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314