H07073

ACCOUNT NO. : 072100000032

REFERENCE : 663241 7331851

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 35.00

FILED
2002 AUG 15 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 15, 2002

ORDER TIME : 11:31 AM

ORDER NO. : 663241-005

100007143361--8

CUSTOMER NO: 7331851

CUSTOMER: Ms. Angie Albert
The Heart And Family Health
1700 S.e. Hilmoor Drive

Port St. Lucie, FL 34952

CHANGE OF AGENT

NAME: THE HEART INSTITUTE OF PORT ST. LUCIE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi -- EXT# 1132

EXAMINER: _____

RECEIVED
02 AUG 15 PM 2:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

C. Coulliette AUG 15 2002

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 Florida *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 : THE HEART INSTITUTE OF PORT ST. LUCIE, INC.

2. The mailing address of the corporation : 2755 Campus Drive 200, San Mateo, CA 94403

3. Date of incorporation/qualification: 06/08/1984 Document number: H07073

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

CT Corporation System

1200 S. Pine Island Road

Plantation, FL 33324

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

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

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.

(Signature of an officer, chairman or vice chairman of the board) 7-9-02 (Date)

David E Weinstein MD, CEO
(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.

(Signature of Registered Agent) 7-16-2002 (Date)

If signing on behalf of an entity:

Carol K. Dolor, Asst. V.P.
(Typed or Printed Name) (Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314