

March 5, 2001

PRINCIPAL LOCATIONS

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## VIA FEDERAL EXPRESS

Florida Dept. of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

Statements of Change of Registered Office/Registered Agent

. 300005049893 -03/06/02--01039--016

\*\*\*\*420.00 \*\*\*\*\*35.00

Dear Sir or Madam:

We have enclosed one original and one copy of Statements of Change of Registered Office or Registered Agent or Both, duly executed and dated, for the following corporations and limited partnerships:

Intracoastal Health Corporation

Intracoastal Holdings, Inc.

Intracoastal Practice Services, Inc.

Good Samaritan Health Corp.

Good Samaritan Medical Pavilions, Inc.

St. Mary's Imaging Center, Inc.

St. Mary's ASC, Inc.

St. Mary's Care Services, Inc.

Women's Health Services, Inc.

St. Mary's Ancillary Services, Inc.

The Edward and Lucille Kimmel Outpatient Surgical Center Limited Partnership PHD Investors, LTD.

Please provide me with a stamped copy of the enclosed Statements of Change by return mail. We have enclosed a self-addressed, stamped envelope for your convenience. Thank you.

> Very truly yours, Dale Welder KH Change 3/2/02
> There of July 2

· Enclosures

## 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 Statute the undersigned corporation organized under the laws of the State of $\_$ Florida	٢,
submits the following statement in order to change its registered office or registered agent, or both, i	n
the State of Florida.	
1. The name of the corporation: Good Samaritan Health Corp.	
2. The mailing address of the corporation: 1401 Forum Way, Suite 101,	
West Palm Beach, Florida 33401	
3. Date of incorporation/qualification: 12/12/85 Document number: H89747	
4. The name and address of the current registered agent and office:	
Valerie G. Larcombe, Esq.	
Akerman Senterfitt	
	7
West Palm Beach, FL 33401	Ţ
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)	1
(P. O. Box Not Acceptable)	
Dale S. Webber, Esq.	ı
401 E. Jackson Street, Suite 2500	`
Tampa, FL 33602	
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.	
1/24/02	
(Signature of an officer, chairman or vice chairman of the board) (Date) (	
Robert Stanek, President	
(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 serformance of my duties, and I am familiar with and accept the obligation of my position as egistered agent.	
mulletaken 2/-1	
(Signature of Registered Agent) (Date)	
f signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	
POEDAS/0100	

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314