

ACCOUNT NO. : 07210000032

REFERENCE : 017760

AUTHORIZATION

COST LIMIT

\$ 35.00 ...

ORDER DATE: November 2, 1998

500002687365--8

ORDER TIME: 11:27 AM

ORDER NO. : 017760

CUSTOMER NO: 4352697

CUSTOMER: Linda Mcdonald, Legal Asst Humana Inc.

500 West Main Street

P.o. Box 1438

Louisville, KY 40201-1438

The second secon

CHANGE OF AGENT

NAME:

LAKESIDE MEDICAL CENTER

MANAGEMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

Florida Department of State, Sandra B. Mortham, Secretary of State

* * * 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 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 is:
LAKESIDE MEDICAL CENTER MANAGEMENT, INC.
2. The mailing address of the corporation is:
500 West Main Street, Louisville, KY 40202
3. Date of incorporation/qualification: 12/19/85 Document number: 190686
4. The name and address of the current registered agent and office:
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
FLANTATION, FL. 33324 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
5. The name and address of the new registered agent and office. (1. 0. Dox 1101 recopiation)
Corporation Service Company
1201 Hays Street
Tallahassee, FL 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.
10-16-98
(Signature of an officer, chairman or vice chairman of the board) (Date)
ALTER E. NEELY, VICE-PRESIDENT 10-16-98
(Printed or typed name and title) (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.
Maully H. Culla November 11, 1998
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Maureen W. Cullen ASST. VICE PRESIDENT
(Typed or Printed Name) (Capacity)

CR2E045(3/96)