

**AON**

519144

*Aon Risk Services*

October 22, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

800002674448--4  
-10/28/98--01059--009  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

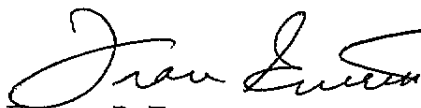
Re: Hospital Medical Staff Self-Insurance Trust, Inc.  
Change of Registered Agent

Dear Administrator:

Enclosed is the fully executed change of the registered agent and address, along with the filing fee of \$35.00.

If you have any questions, please call me on my direct line, 305-961-6129.

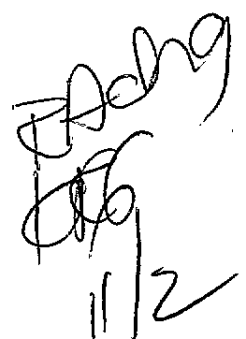
Sincerely,



Frances B. Everett,  
Trust Administrator

Enclosures

FILED  
98 OCT 28 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of Section 607.0502, 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: Hospital Medical Staff Self-Insurance Trust, Inc.
- 1a. Date of incorporation: June 12, 1986 Document Number: J19144
2. The name and address of the current registered agent and office:  
Rollins Hudig Hall Healthcare Risk Inc.  
201 Alhambra Circle, Suite 800  
Coral Gables, Florida 33134
3. The name and address of the new registered agent and office:  
Aon Risk Services, Inc. of Florida  
1001 Brickell Bay Drive, Suite 1100  
Miami, Florida 33131

The street address of its registered agent 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

DATE

(President/Chairman of the Board)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED IN THIS CERTIFICATE, 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

DATE

(Registered Agent) by Frances Everett  
Trust Administrator