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November 1, 2001

Secretary of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

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Re: Statement of Change of Registered Agent Address

Dear Sir/Madam:

Enclosed please find Certificates of Change of Registered Agent Address for Healthcare Facility Consultants, Inc. and Health Facility Publishers, Inc.

I have also enclosed our firm's check in the amount of \$70.00 representing the fee for changing the registered address of the corporations. If you have any questions, please contact our office.

Sincerely,

Jamie M. Berger

Paralegal for J. Michael Lindell

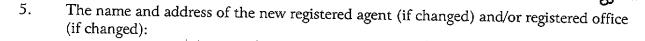
JMB Enclosures SECRETARY OF STATE DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OR 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: Healthcare Facility Consultants, Inc.
- 2. The mailing address of the corporation: 11721 Village Lane Jacksonville, FL 32223
- 3. Date of incorporation/qualification: 4/25/88 Document No: K22107
- 4. The name and address of the current registered agent and office:

J. Michael Lindell 233 East Bay Street 620 Blackstone Building Jacksonville, FL 32202



J. Michael Lindell 12276 San Jose Boulevard Suite 126 Jacksonville, FL 32223

Signature of an officer, chairman or vice chairman of the board)

Such resolution was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board

officer so authorized by the board

Kenneth N. Dickerman, 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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Date)