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REPLY TO:

Merritt Island

Corporate Records Division Florida Department of State P. O. Box 6327 Tallahassee, Florida 32314

500002161805--8 -05/01/97--01060--001 *****35.00 *****35.00

Re: Physicians Medical Reviewers, Inc. Our File No. 11745/21334

Gentlemen:

Enclosed herewith please find executed original Statement of Change of Registered Office or Registered Agent form for filing with your office, together with this firm's trust account check payable to "Florida Secretary of State" in the amount of \$35.00 in payment of the requisite filing fee.

Thank you for your assistance \in this matter.

Very truly yours,

Leonard Spielvogel

LS:RGN Enclosures

cc: Physicians Medical Reviewers, Inc.
Attn.: Jeffrey C. Stalnaker, President
(with enclosure)

F:\RN\LTR\FLASECSTATE.4

D E A N M E A C

IN FORT PERCE
DEAN, MEAD & MINTON
GOT 464-1700 + GOT 861-1700

DEAN, MEAD, EGERTON, BLOODWORTH,
CAPOUANO & BOZARTH, P. A.
(401) 841-400

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

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: Physicians Medical Reviewers, Inc.
2.	The mailing address of the corporation is: 699 W. Cocoa Beach Causeway, Suite 404
	Cocoa Beach, Florida 32931
3.	Date of incorporation/qualification: 12/12/88 Document number: K50506
4.	The name and address of the current registered agent and office:
	James W. Peeples, III
	505 North Orlando Avenue
	Cocoa Beach, Florida 32932-0757
5.	The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
	Leonard Spievogel
	101 South Courtenay Parkway, Suite 201
	Merritt Island, Florida 32952
cha Su	e street address of its registered office and the street address of the business office of its registered agent, as anged, will be identical. ch change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the ard.
	2 2 d d 4 /c/22
(Si	gnature of an officer, chairman or vice chairman of the board) (Date)
	Jeffrey Stalnaker, President (Printed or typed name and title)
	(Printed or typed name and title)
	Having then 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 complying the provisions of all statutes relative to the proper and complete performance of my duties, and I am fairlight with any accept the obligation of my position as registered agent. (Signific of Registered Agent) \(\text{(Date)} \) (If signific on behalf of an entity:
	(Typed or Printed Name) (Capacity)

FILING FEE: \$35.00