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AFFILIATE OFFICE:
DETROIT

MJH

October 16, 2000

L-3184

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

Re: Medical Specialty Procedures L.C.

400003434024--6
-10/20/00--01088--001
*****25.00 *****25.00

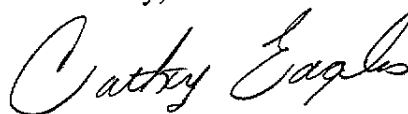
Dear Sir or Madam:

Enclosed for filing is a Statement of Change of Registered Agent form for Medical Specialty Procedures L.C., along with our check in the amount of \$25.00 to cover the fee for filing same.

Please return your receipt and acknowledgment of this filing to the undersigned in the enclosed stamped, self-addressed envelope.

With best regards, I am

Sincerely,



Catherine W. Eagles
Corporate Paralegal

/cwe
Enclosures

cc: Peter G. Wernicki, M.D.
Philip M. Sprinkle, II, Esquire

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 20 PM 4: 38

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: Medical Specialty Procedures L.C.

2. The mailing address of the limited liability company is : _____

1355 37th Street, Suite A, Vero Beach, Florida 32960

March 21, 2000

L00000003186

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Philip M. Sprinkle, II

Name

1485 37th Street, Suite 101

Address

Vero Beach, Florida 32960

City, State and Zip

6. The name and address of the new registered agent and/or office:

Peter Wernicki, M.D.

Name

1355 37th Street, Suite A

Florida street address (P.O. Box NOT acceptable)

Vero Beach, FL 32960

City, State and Zip

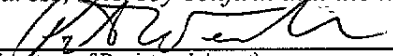
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Peter Wernicki, M.D., Manager

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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