



L000000011960

ACCOUNT NO. : 072100000032

REFERENCE : 692875 4303929

AUTHORIZATION :

COST LIMIT :

Patricia Pigut

FILED
2002 AUG -6 PM 1:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : August 5, 2002

ORDER TIME : 9:42 AM

ORDER NO. : 692875-040

CUSTOMER NO: 4303929

000006915840--0

CUSTOMER: Mr. Daniel Sanchez-galarraga
Greenberg Traurig, P.a.
1221 Brickell Avenue
21st Floor
Miami, FL 33131-3238

CHANGE OF AGENT

NAME: KATALYX HEALTH, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT#1145

EXAMINER: _____

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
02 AUG -6 AM 10:24

J. BRYAN AUG 6 2002

**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: KATALYX HEALTH, LLC
2. The mailing address of the limited liability company is: 1221 Brickell Ave., Suite 1200,
Miami, FL 33131

3. Date of filing/registration in Florida October 2, 2000 4. Document number L00000011960

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

Corpdirect Agents
Name
103 N. Meridian St., Lower Level
Address
Tallahassee, FL 32301
City, State and Zip

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
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.

P. M. Cambo
(Signature of a member or authorized representative of a member)

Patricia Menendez Cambo
(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.

Maureen Cullen
(Signature of Registered Agent) Maureen Cullen, Asst. Vice President

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

FILED
2002 AUG - 6 PM 1:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA