(727) 461-0420

Fax: (727) 461-5655

August 1, 2002

500006897405---\$
-08/05/02--01055--021
******25.00 ******25.00

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

RE: PHYSICIAN NEWS NETWORK, L.L.C. DOCUMENT #L02000014587

Dear Sir or Madam:

Enclosed, please find my firm's check in the amount of \$25.00, along with the completed "Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company."

Your prompt attention to this matter is appreciated.

Very truly yours,

THOMAS W. RUGGLES

TWR/ksf Enclosures

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 limit	ted liability company is:	PHYSIC	IAN NEWS NETWO	DRK, L.L.C.
	of the limited liability con			
			Largo, FL 33	770
6/11/02		-	L0200001458	7
3. Date of filing/registration in Florida			4. Document num	
5. The name of the regist Florida Department of	ered agent and the registe State:	red office		
	Stephen M. Weinst	ock, M.[).	
	1345 West Bay Dr.	Name , Suite	1	·
	Largo, FL 33770	ddress		13.LL
6 177		tate and Zi		
6. The name and address of the new registered agent and/or office:				
•	Robert J. Weinsto			SET I
	1345 West Bay Dr.			9: 5
Florida street address (P.O. Box NOT acceptable)				
	Largo, F	_{FL} 3377	70	
	City, State			
If the limited liability componing confirmed that after the chand the business office of the liability company, it is here the members of the limited the operating agreement of	the registered agent will be by confirmed that the challing that the challing or as of the limited liability company	ler the laws c, the Floride de identical ange(s) wa otherwise p pany.	s of the State of Flood a street address of the case o	orida, it is hereby f the registered office f a Florida limited by an affirmative vote of cles of organization or
(Signature of a member or authorize	ed representative of a member)			
Stephen M. Weinstock (Printed or typed name of signee)	, M.D.			
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if this address, I hereby confirm the			to act in this capa and complete per n as registered ag reflect a change in s been notified in w	ncity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
/				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

INHS18(10/99)

FILING FEE: \$25.00