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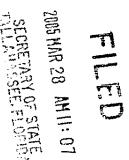
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222 LAKEVIEW AVENUE SUITE 800 WEST PALM BEACH, FLORIDA 33401-6112

> (561) 838-4516 FAX: (561) 514-3416 LAURA RUMMANS@RUDEN.COM

March 24, 2005

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

Re: Statement of Change of Registered Agent

regarding Gastroenterology & Liver Consultants, P.L.

Dear Sir or Madam:

Enclosed please find my client's Statement of Change regarding Registered Agent along with the filing fees of \$25.00. You will also find a copy of this document which I would ask that you stamp as received by your office and return to me in the enclosed self-addressed, stamped envelope. If additional information is required, please do not hesitate to contact us.

Thank you in advance for your cooperation and prompt attention to this matter.

Best regards,

Laura L. Rummans

LLR/wg Enclosures

cc: Felix Navarro, M.D.

DOUGHAR 28 AM II: 07
SECRETARY OF STATE

## 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 lial	bility company is:	Gastroente	erology & Liv	er Consultants	, P.L.
2. The mailing address of the	limited liability cor	npany is: <u>1</u> 4	03 Medical P	laza Drive. St	<u>e. 20</u> 6
	<u> </u>	Sa	nford, Flori	da 32771	·
03/30/2004		]	204000024434		
3. Date of filing/registration in Florida			. Document num	ber	
5. The name of the registered a Florida Department of State		ered office ad	dress as shown o	n the records of the	e
-	Rutherford Mul	hall, P.A.			
	2600 N. Milita	Name ry Trail,	4th Floor		
	Å	Address			
	Boca Raton, F1		1		
	City, S	State and Zip			•
6. The name and address of the	e new registered ag	ent and/or off	īce:		
<u> </u>	Felix A. Navarı	ro, Jr., M.	D.		=
	1403 Medical Pi	Jame Laza Dr., S	uite 206		-
Flo	orida street address	(P.O. Box N	OT acceptable)	4 8	-
	Sanford	FL 3277	1	JOS M	
	City, St	ate and Zip		到英	CHICAGO CONT.
If the limited liability company confirmed that after the change and the business office of the r liability company, it is hereby the members of the limited lial the operating agreement of the	e or changes are ma registered agent wil confirmed that the bility company or a	ade, the Florical. Il be identical. change(s) was as otherwise p	la street address of	of the registered of	1 :
(Signature of a member or authorized re	presentative of a member	<u> </u>		•	
	vario (	2	_		
Felix A/ Navarro, Jr.,	M.D.		· _		
(Printed or typed name of signee)	_	_			
I hereby accept the appointme comply with the provisions of and Fam familiar with and acc Chapter 608, F.S. Or, if this a address, I hereby cantiem that	ent as registered ag all statuies relative con the obligations locument is being f the limited liability	tent and agree to the proper to fmy position iled to merely y company ha	e to act in this cap and complete pe on as registered a reflect a change s been notified in	pacity. I further as informance of my a serie of my a serie of my a serie of the registered of this characteristics.	zree to luties, or in office ange.

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

INHS18(10/99) FILING FEE: \$25.00

(Signature of Registered Agent)