173924



ACCOUNT NO. : 072100000032

REFERENCE

576467

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: February 4, 2000

ORDER TIME: 3:19 PM

ORDER NO. : 576467

CUSTOMER NO: 4392575

800003133618---5

CUSTOMER: Lisa Seaman, Legal Assistant

London & Amburn, P.c. 1716 Clinch Avenue

Knoxville, TN 37916

CHANGE OF AGENT

NAME:

SARASOTA EMERGENCY MEDICAL

CONSULTANTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Ta-Tanisha Green

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.050	
the undersigned corporation organized under the laws of the	
submits the following statement in order to change its regi	stered office or registered agent, or both, in
the State of Florida.	
1. The name of the corporation is: SARASOTA EMERGENCY MEDICAL CONSULTANTS, INC.	
2. The mailing address of the corporation is: 6200 COURTNE	Y CAMPBELL CAUSEWAY, SUITE 400,
TAMPA, FL 33607	
3. Date of incorporation/qualification: May 18, 1990	Document number: 65-0195332
4. The name and address of the current registered agent and	office:
-	
Natalia N. Cruz	
6200 COURTNEY CAMPBELL CAUSEWAY, SUIT	E 400
Tampa, FL 34238	
5. The name and address of the new registered agent and of	fice: (P. O. Box Not Acceptable)
Corporation Service Company	fice: (P. O. Box Not Acceptable)
1201 Hays Street	<u> </u>
Tallahassee, FL 32301	
The street address of its registered office and the street adagent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by authorized by the board.	y its board of directors or by an officer so
met	02-07-00
(Signature of an officer, chairman or vice chairman of the board)	(Date)
MICHAEL HATCHEZ UICE-PRESIDENT 4 SE	CRETARY
Having been named as registered agent and to accept servic corporation, I hereby accept the appointment as registered a I further agree to comply with the provisions of all statutes to performance of my duties, and I am familiar with and accepted in the province of my duties, and I am familiar with and accepted the second second in the province of my duties, and I am familiar with and accepted the province of my duties, and I am familiar with and accepted to the province of	agent and agree to act in this capacity.
Corporation Service Company	2/11/00
By: Killiorah W. Xika Dev (Signature of Registered Agent)	Ø////00(Date)
If signing on behalf of an entity:	
Deborah D. Skipper	Assistant Vice President
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$:	35.00 * * *

CR2EO45(7/97)