2P100000000			
(Requestor's Name) (Address)	90021369369		
(Address) (City/State/Zip/Phone #)			
(Business Entity Name) (Document Number)			
Certified Copies Certificates of Status	h CHIRAL		
	MAN AND THE T		
Office Use Only	03 JUL IS PH 4: 33		

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ACCOUNT NO.	: 07210000032
REFERENCE	: 166062 7112604
AUTHORIZATION	· Potaiaia Print E = II
COST LIMIT	: \$ 25.00
ORDER DATE : July 11, 2003	E C
ORDER TIME : 11:28 AM	TE 33
ORDER NO. : 166062-245	· _
CUSTOMER NO: 7112604	
CUSTOMER: Ms. Jeanie Cassidy Gmh Associates, Inc. 10 Campus Blvd.	- - -
Newtown Square, PA	19073

CHANGE OF AGENT

NAME: TOWMED INTERMEDIATE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

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.

3. Date of filing/registration in Florida	4. Document number		<u><u></u></u>
01/31/2000	M0000000192	<u> </u>	<u> </u>
	in the second	-	*==
10 Campus Blvd., Newtown Square, PA 1	.9073		
2. The mailing address of the limited liability con	npany is :		•
- <u>-</u> .			· · ·
1. The name of the limited liability company is:	TOWNMED INTERMEDIATE, LLC	<u> </u>	

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

CT Corporation System Name	SE JUL
1200 South Pine Island Road	
Address	5 1
Plantation, FL 33324	
City, State and Zip	
The name and address of the new registered agent and/or office:	RIUA
Corporation Service Company	
Name	
1201 Hays Street	e =
Florida street address (P.O. Box NOT acceptable)	
Tallahassee FL 32301	-
City, State and Zip	· -1•.

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.

6.

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

Anne Martin, Attorney in Fact on behalf of (Printed or typed name of signee)

GHTOMED, Ltd., Member

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)

FILING FEE: \$25.00

1.0

Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314