M98000000091

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 178052 7186503

AUTHORIZATION : Patricia Pujats

COST LIMIT : $ 25.00

ORDER DATE : June 7, 2001

ORDER TIME : 10:58 AM

ORDER NO. : 178052-450

CUSTOMER NO: 7186503

CUSTOMER: Mr. Mike Silhol
Triad Hospitals Holdings, Inc.
Suite 2000
13455 Noel Road
Dallas, TX 75240

FILED
01 JUN -8 PM 3:55
DIVISION OF CORPORATION

CHANGE OF AGENT

NAME: QUORUM HEALTH RESOURCES, LLC

500004384405--4

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

APPROVED AND FILED
01 JUN -8 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-8-01

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: QUORUM HEALTH RESOURCES, LLC.

2. The mailing address of the limited liability company is : 13455 Noel Road, 19th Floor

Dallas, TX 75240

06/30/1998
3. Date of filing/registration in Florida

M98000000691
4. Document number

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

NRAI SERVICES, INC.
Name

526 EAST PARK AVENUE
Address

TALLAHASSEE, FL 32301
City, State and Zip

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

Michael L Silhol
(Signature of a member or authorized representative of a member)

MICHAEL L. SILHOL, Manager
(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.

Deborah D. Skipper
(Signature of Registered Agent) DEBORAH D. SKIPPER, Asst. Vice President

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

INHS18(10/99)

FILING FEE: $25.00