

ACCOUNT NO. : 072100000032

REFERENCE :

178052

7186503

\$ 25.00

ORDER DATE: June 7, 2001

ORDER TIME : 1:43 PM

ORDER NO. : 178052-715

CUSTOMER NO: 7186503

CUSTOMER: Mr. Mike Silhol

Triad Hospitals Holdings, Inc.

Suite 2000

13455 Noel Road Dallas, TX 75240

CHANGE OF AGENT

NAME:

THE INTENSIVE RESOURCE GROUP

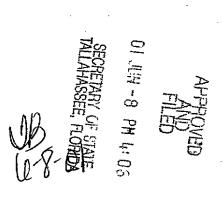
LLC

600004384406--1

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens



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 limite	ed liability company is	s: THE INTE	NSIVE_RESOURCE	GROUP L	LC .		
2. The mailing address o	f the limited liability of	company is:	13455 Noel Roa	ad, 19th	Floor	e e e e e e	
Dallas, TX 75240				-			
07/13/1998 3. Date of filing/registrat	ion in Florida		M98000000756 4. Document nu	mber	. 14	,	 _
5. The name of the register Florida Department of	red agent and the reg	istered office	address as shown	on the rec	ords of	the	
	NRAI	SERVICES, I	NC.				
		Name				• •	
	526 EA	ST PARK AVI	ENTIF.	•			
		Address		<u>.</u>	-=		
TALLAHASSEE, FL 32301							
City, State and Zip					₹s	-	
6. The name and address of the new registered agent and/or office:					ESPET SPETIFIED		-17
	Corporatio	n Service (Company		经完	÷ ≎	
Name					[™] Q	70	
	1201 Hays Street				S		
	Florida street addres	ss (P.O. Box I	NOT acceptable)		A SERVICE OF THE SERV	PM 4: 06	
	Tallahassee	FL.	32301				
	City, S	State and Zip					
If the limited liability com- confirmed that after the ch and the business office of the liability company, it is here the members of the limited the operating agreement of the operating agreement of Mullium Signature of a member or authorize	the registered agent where the registered agent where the best confirmed that the liability company or the limited liability confirmed the liability confirmed	ill be identically change change (s) was as otherwise pompany.	da street address l. Or, in the case	of the region of a Florid	istered o da limite	office ed	of
	•	,					
MICHAEL L. SILHOL, Man (Printed or typed name of signee)	nager	<u> </u>				-	
I hereby accept the appoint to the comply with the provisions and I am familiar with and I hapter 608, F.S. Or, if the iddress, I hereby confirm to the confirmation t	$\mathcal{D}_{L}\Omega\Omega_{l}$			pacity. I f rformance gent as pr in the reg writing o	urther a e of my b ovided f istered c f this ch	gree to luties, for in Office ange.)

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

INHS18(10/99)

FILING FEE: \$25.00