



Buchanan Ingersoll
ATTORNEYS

N11490

March 5, 2001

VIA FEDERAL EXPRESS

Florida Dept. of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

PRINCIPAL LOCATIONS

PHILADELPHIA
PITTSBURGH
PRINCETON
LONDON
MIAMI
BUFFALO
NEW YORK CITY
HARRISBURG
TAMPA
WASHINGTON, DC

Re: Statements of Change of Registered Office/Registered Agent

Dear Sir or Madam:

700005049897--4
-03/06/02--01039--016
****420.00 *****35.00

We have enclosed one original and one copy of Statements of Change of Registered Office or Registered Agent or Both, duly executed and dated, for the following corporations and limited partnerships:

Intracoastal Health Corporation
Intracoastal Holdings, Inc.
Intracoastal Practice Services, Inc.
Good Samaritan Health Corp.
Good Samaritan Medical Pavilions, Inc.
St. Mary's Imaging Center, Inc.
St. Mary's ASC, Inc.
St. Mary's Care Services, Inc.
Women's Health Services, Inc.
St. Mary's Ancillary Services, Inc.
The Edward and Lucille Kimmel Outpatient Surgical Center Limited Partnership
PHD Investors, LTD.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please provide me with a stamped copy of the enclosed Statements of Change by return mail. We have enclosed a self-addressed, stamped envelope for your convenience. Thank you.

Very truly yours,

Dale Webber /KH

Dale S. Webber

*NA change
T. Lewis 3/12/02*

Enclosures

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida 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 corporation: St. Mary's Care Services, Inc.
2. The mailing address of the corporation: 1401 Forum Way, Suite 101,
West Palm Beach, Florida 33401
3. Date of incorporation/qualification: 10/8/85 Document number: N11490
4. The name and address of the current registered agent and office:

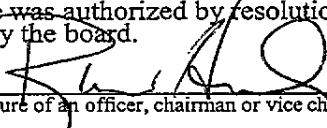
Valerie G. Larcombe, Esq.
Akerman Senterfitt
777 S. Flagler Drive, Suite 900E
West Palm Beach, FL 33401

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Dale S. Webber, Esq.
401 E. Jackson Street, Suite 2500
Tampa, FL 33602

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

1/24/02
(Date)

Robert Stanek, President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.


(Signature of Registered Agent)

3/5/02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA