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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 is: St. Mary's Pain Center, Inc.
- 2. The mailing address of the corporation is: 1309 No. Flagler Drive, West Palm Beach, FL 33401-3406, US
- 3. Date of incorporation/qualification: 03/31/1986 Document number: N14110
- 4. The name and address of the current registered agent and office:

Valerie Goodwin Larcombe 1309 No. Flagler Drive West Palm Beach, FL 33401

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

Valerie G. Larcombe, Esq. Akerman Senterfitt Phillips Point - East Tower 777 South Flagler Drive, Suite 900 West Palm Beach, FL 33401-6125

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. O

Steven Nathan, President and CEO

(Date)

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)

4/14/2000 (Date)

If signing on behalf of an entity: Valerie G. Larcombe, Secretary

FILING FEE: \$35.00

Division of Corporation

P.O. Box 6327

Tallahassee, FL 32314

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