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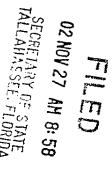
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November 22, 2002

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

Dear Sir or Madam:

Enclosed please find Statement of Change of Registered Office for the following corporations:

Arthroscopy Board of North America, Inc.
The American Journal of Arthroscopy, Inc.
All American Jet of Florida, Inc.
GCOC Physical Therapy, Inc.
Medical Development Corporation of Pasco County, and
Gulf Coast Orthopedic Center.

We enclose our checks in the amount of \$35.00 each to cover the filing fee necessary for each corporation. Thank you.

Sincerely,

Brenda Nesbitt, CLAS

/bfn

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:

Arthroscopy Board of North America, Inc.

2. The principal office address:

7315 Hudson Avenue, Hudson, FL 34667

3. The mailing address (if different):

SAME

4. Date of incorporation/qualification: 4/8/88

Document number:

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5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Julius J. Zschau, Esq. 911 Chestnut Street Clearwater FL 34617

6. The name and street address of the new registered agent (if changed) and /or registered office (If or changed):

Julius J. Zschau, Esq. 2701 N. Rocky Point Drive, Suite 930 Tampa FL 33607

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, or the corporation has been notified in writing of the change.

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

Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

It signing on behalf of an entity:

(Typed or Printed Name)

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A

(Capacity)

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

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314