

N95000003117
F.A.M.C.O.

Florida Association of Managed Care Organizations, Inc.

101 EAST COLLEGE AVENUE • SUITE 302 • TALLAHASSEE, FLORIDA 32301
(904) 224-5512 • FAX: (904) 561-6311 • famco@supernet.net

February 14, 1997

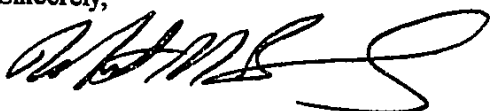
Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Attached is the Statement of Change of registered agent and office. Enclosed you will also find a check in the amount of \$35.00 for the appropriate transfer.

Thank you for your attention to this matter.

Sincerely,



Robert M. Bernal
Executive Director

RMB/bb

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/25
Jon
R.A. Change

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

1. The name of the corporation is: Florida Association of Managed Care Organizations, Inc.

2. The mailing address of the corporation is : 101 East College Avenue, Suite 302
Tallahassee, Fl 32301

3. Date of incorporation/qualification: June 27, 1995 Document number: N95000003117

4. The name and address of the current registered agent and office:

Jose Menendez,

5835 Blue Lagoon Drive, 4th Floor

Miami, FL 33126

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

Robert M. Bernal

101 East College Avenue, Suite 302

Tallahassee, Fl 32301

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.

Peter E. Kiliwanj
(Signature of an officer, chairman or vice chairman of the board)

2-13-97

(Date)

Peter Kilissanly

President of the Board

(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)

2-3-97

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)