

7000004810



ACCOUNT NO. : 07210000032

REFERENCE : 777228 4319445

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: October 9, 2002

ORDER TIME: 8:49 AM

ORDER NO. : 777228-040

CUSTOMER NO: 4319445

CUSTOMER: Ms. Christine D. Greb

Arthur J. Gallagher & Co.

Two Pierce Place The Gallagher Centre Itasca, IL 60143

CHANGE OF AGENT

100008330601--8

NAME:

FLORIDA PHYSICIANS ALLIANCE

PURCHASING GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

EXAMINER:

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

*	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, der the laws of the State of Florida
the undersigned corporation organized under the laws of the State ofFlorida submits the following statement in order to change its registered office or registered agent, or both, in	
the State of Florida.	,,
-	Physicians Alliance Purchasing Group, Inc.
:	
2. The mailing address of the corporation:	82 <u>00</u> NW 41st Street, Suite 200
	Miami, Florida 33166
3. Date of incorporation/qualification: 8/	25/1997 Document number: N97000004810
4. The name and address of the current regi	istered agent and office:
Dennis A. Bartlett	istered agent and office: AHASSE ARRY
8200 NW 41st Street	Suite 200 FOR ST
<u> Miami, Florida 331</u>	<u>00 </u>
	red agent (if changed) and/or registered office (if clawged) 5. Box Not Acceptable)
Corporation Service Comp	any
1201 Hays Street	
Tallahassee, Florida 323	
The street address of its registered office a agent, as changed, will be identical.	and the street address of the business office of its registered
Such change was authorized by resolution authorized by the board	duly adopted by its board of directors or by an officer so
	9/24/2002
(Signature of an officer, chairman or vice chair	mean of the board) (Date)
Philip E. Reischman, Presiden (Printed or typed name and til	t/Director
corporation, I hereby accept the appointm I firstly a great to comply with the provision	nd to accept service of process for the above stated tent as registered agent and agree to act in this capacity. The statutes relative to the proper and complete are with and accept the obligation of my position as
Conthol & Horris (Signature of Registered Agent)	10/9/02 (Date)
	hia L. Harris ⊧its agent
(Typed or Printed Name)	(Capacity)

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