P0000065368



ACCOUNT NO. :

072100000032

REFERENCE :

781680

98062A

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : July 31, 2000

ORDER TIME : 2:07 PM

ORDER NO. : 781680

CUSTOMER NO: 98062A

800003340668--9

CUSTOMER: Ms. Pat Charter

Marc A. B. Silverman, Esq

P. O. Box 6801

Clearwater, FL 33758

CHANGE OF AGENT

NAME: SUNCOAST MED LINK, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

G COULLIETTE JUL 3 1 2000

CONTACT PERSON: Tamara Odom

Florida Department of State, Sandra B. Mortham, Secretary of State

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. 1a. The name of the corporation is: ____ SUNCOAST MED LINK, INC. 1b. The mailing address of the corporation is: _ 613 Timber Lane, Tarpon Springs, FL 34689 July 7, 2000 Document number: 1c. Date of incorporation: The name and address of the current registered agent and office: Corporation Service Company, 1201 Hays Street Tallahassee, FL 32301 3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable) Jack D. Alexander, 613 Timber Lane, Tarpon Springs, FL 34689 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. (Signatule of an officer, chairman or vice chairman of the board) Jack D. Alexander / Pres. (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, Thereby 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) signing on behalf of an entity:

(Capacity)

Jack D. Alexander

(Typed or Printed Name)