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Jeffrey J. Kallan

Refer to File No.

003135/20005008

Writer's Direct Dial No.

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August 14, 2000

Registered Agent/Address Section  
Bureau of Corporate Records  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

900003359259--4  
-08/16/00--01044--013  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

RE: Hopkins Center for Vocational and Occupational Medicine, Inc.

Gentlemen:

Enclosed please find the original and duplicate copy of a Change of Registered Office and Agent for the above-referenced corporation, along with our client's check in the amount of \$35.00 representing the filing fee.

Please acknowledge filing of this document by stamping the duplicate copy and returning same to me.

If you have any questions in connection with the documents, or need further information, please contact me by telephone rather than returning the document.

Very truly yours,

*Sue Thomas*

Sue Thomas, CLA

Paralegal to Jeffrey J. Kallan

ST:jal

Enclosures

cc: Hopkins Center for Vocational  
and Occupational Medicine, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CHANGE OF REGISTERED OFFICE AND AGENT  
OF  
HOPKINS CENTER FOR VOCATIONAL AND OCCUPATIONAL MEDICINE, INC.

TO: SECRETARY OF STATE OF FLORIDA

1. The name of the Corporation is Hopkins Center for Vocational and Occupational Medicine, Inc.
2. The current registered office is located at 150 Second Avenue North, Suite 1100, St. Petersburg, FL 33701.
3. The registered office will be changed to 8130 66<sup>th</sup> Street North, Pinellas Park, Florida 33781.

THIS IS THE CORRECT BUSINESS ADDRESS OF THE CORPORATION,  
PLEASE CHANGE YOUR RECORDS ACCORDINGLY.

4. The current registered agent is Jeffrey J. Kallan.
5. The successor registered agent will be Clayton W. Hopkins.
6. The street address of the Corporation's registered office and the business office of its registered agent, as changed above, will be identical.
7. All changes made above have been authorized by resolutions duly adopted by the Corporation's Board of Directors.
8. All changes made above have been made by an officer of the Corporation authorized to do so by the Board of Directors.

DATED: 8-5-00

HOPKINS CENTER FOR VOCATIONAL AND  
OCCUPATIONAL MEDICINE, INC.

By: \_\_\_\_\_

Clayton W. Hopkins, President

ACKNOWLEDGMENT

I hereby accept to act in this capacity, and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the provisions of 607.0505, Florida Statutes.

\_\_\_\_\_  
Clayton W. Hopkins,  
Registered Agent

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AUG 16 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA