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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

PROGRESSUS THERAPY, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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**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: Progressus Therapy, Inc.
2. The principal office address: 1001 Fleet Street, Baltimore, Maryland 21202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: August 24, 2000 Document number: PC0000080421
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Capitol Corporate Services, Inc.

1333 North Duval Street

Tallahassee, Florida 32303

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

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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.

C. Alan Schmecker
(Signature of an officer or director)

C. Alan Schmecker Vice President & Secretary
(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.

C T Corporation System

By William A. Williams, Asst. Secy 9/11/06
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

C T Corporation System
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2B045 (8/03)

FD-001 - 09/14/2003 C T Systems Online