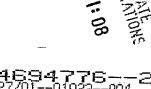
2255,5TH AVENUE NORTH ST. PETERSBURG, FLORIDA 33713

TEL: (727) 322-1612 FAX: (727) 328-0852

0100000072

November 13, 2001

State of Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



Dear Administrator:

Enclosed please find a Statement of Change of Registered Office for Oncentri, Inc. along with a check in the amount of \$35.00.

Sincerely,

V SHEPARD NOV 2,9 2001

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

Pursuant to the provisions of sections 607.0502, 617.05	02, 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 re- the State of Florida.	gistered office or registered agent, or both, in
1. The name of the corporation: Oncentri, Inc	· ·
2. The mailing address of the corporation: 2255 Fift	n Avenue North, St. Petersbu
FL 33713	
3. Date of incorporation/qualification 1/26/01	
4. The name and address of the current registered agent an	
CSC Networks	 ,
_ 1201 Hays Street	
Tallahassee, FL 32301	2
5. The name and address of the new registered agent (if che (P. O. Box Not Acce	anged) and/or registered office (if changed
Paul C. Scherer	
2255 5th Avenue NOrth	
St. Petersburg, FL 33713	
The street address of its registered office and the street ad agent, as changed, will be identical.	dress of the business office of its registered
Such change was authorized by resolution duly adopted by authorized by the board.	y its board of directors or by an officer so
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Jeffrey C. Sango	(Date)
(Printed or typed name and title)	en e
laving been named as registered agent and to accept ser corporation, I hereby accept the appointment as registere further agree to comply with the provisions of all statute verformance of my duties, and I am familiar with and acc egistered agent.	vice of process for the above stated d agent and agree to act in this capacity. s relative to the proper and complete ept the obligation of my position as
all of the	11-13-2001
(Signature of Registered Agent)	(Date)
f signing on behalf of an entity:	
(Typed or Printed Name)	
(-)F or rained (dathe)	(Capacity)
* * * FILING FEE: \$3:	5.00 * * *

CR2E045(9/00)