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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173 Fax Number : (850)224-1640

REGISTERED AGENT CHANGE

0

\$35.00

PCP MANAGEMENT SERVICES, INC.

AM 8: 00	CORPORATION
PR 18	N OF CON

Certificate of Status Certified Copy Page Count Estimated Charge

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FMC ADMIN

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2003

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:	PCP MANAGEMENT SERVICES, INC.
2. The principal office address:	3839 COUNTY ROAD 218 MIDDLEBURG, FL 32068
3. The mailing address (if different);	MIDDLEBUKG, FL 32008
4. Date of incorporation/qualification:	April 23, 2001 Document Number: P01000040933
Florida Department of State:	errent registered agent and registered office on file with the AOTOLAW, INC.
	Laura Street, Suite 2500
	ksonville, FL 32202
changed):	v registered agent (if changed) and/or registered office (if
	5 East Park Avenue
	llahassee, FL 32301
agent, as changed will be identical. Such change was authorized by resolution authorized by the board, or the corporation is	Jeffrey E. Burkhart, President
the provisions of all statutes relative to the pro- and accept the obligation of my position as reg	(Printed or typed name and title) gent and agree to act in this capacity. I further agree to comply with par and complete performance of my duties, and I am familiar with istered agent. Or, if this document is being filed merely to reflect a by confirm that the corporation has been notified in writing of this Complimed Agents, Inc. Karin R. Reports, President

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