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June 10, 2004

Florida Department of State
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Osceola Pathology Associates, P.A.
Document No.: P01000089574

Dear Sir or Madam:

Enclosed please find the original and one copy of a **Statement of Change of Registered Office or Registered Agent or Both for Corporations**, which we would appreciate your filing on behalf of the above corporation, together with our firm **check** in the amount of \$35.00 to cover the filing fee. Please return the copy to me, with your filing stamp, at the above address.

Thank you for your assistance.

Very truly yours,



Nancy Olan, Paralegal to
Robert W. Mead, Jr.

/no
Enclosures

cc: John E. Accola, Jr., M.D.
H. Blake Hostetter, C.P.A.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Osceola Pathology Associates, P.A.

(Name of corporation)

DOCUMENT NUMBER: P01000089574

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Olan

(Name of person)

Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.

(Name of firm/company)

800 N. Magnolia Avenue, Suite 1500

(Address)

Orlando, FL 32803

(City/state and zip code)

For further information concerning this matter, please call:

Nancy Olan

(Name of person)

at (407) 428-5109

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**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: Osceola Pathology Associates, P.A.
2. The principal office address: 595 Oak Commons Boulevard, Suite B, Kissimmee, FL 34741
3. The mailing address (if different): _____
4. Date of incorporation/qualification: May 7, 2001 Document number: P01000089574
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John E. Accola, Jr., M.D.

10539 Emerald Chase Drive

Orlando, FL 32836

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

John E. Accola, Jr., M.D.

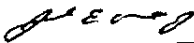
13109 Zori Lane

(P.O. Box or personal mailbox NOT acceptable)

Windermere, FL 34786

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.

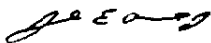


(Signature of an officer or director)

John E. Accola, Jr., M.D., President

(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.



(Signature of Registered Agent)

5/5/04

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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