

P030000010959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

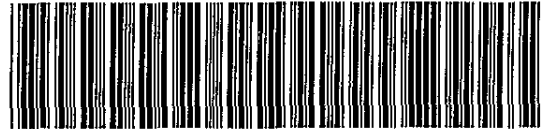
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**STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATION**

*Pursuant to the provisions of sections 607.0502(3), 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 in the State of Florida.*

1. The name of the corporation: **Neurosurgical Associates of North Florida, Inc.**
2. The principal office address: 836 Prudential Drive, Suite 1105, Jacksonville, Florida 32207
3. The mailing address (if different): same as above.
4. Date of incorporation/qualification: January 30, 2003 / Document number: P03000010959
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John H. Zehmer  
6620 Southpoint Drive South  
Suite 200  
Jacksonville, Florida 32216

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

John H. Zehmer  
818 A1A North  
Suite 301  
Ponte Vedra Beach, Florida 32082

The street address of the corporation's registered office and street address of the business office of its registered agent, as changed, will be identical.

The corporation has been notified in writing of the change.

  
John H. Zehmer, Registered Agent

*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 the 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

October 1, 2003  
Date

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