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(Requestor's Name)

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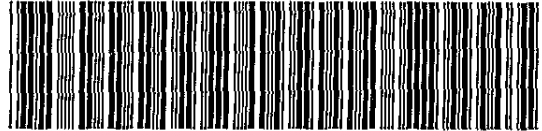
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Refer to File No.
2003-0019

Writer's Direct Dial No.
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July 8, 2003

Registered Agent/Address Section
Bureau of Corporate Records
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Spring Hill Neonatology, Inc.
Gentlemen:

Enclosed please find the original and duplicate copy of a Change of Registered Office and Agent for the above-referenced corporation, along with our client's check in the amount of \$35.00 representing the filing fee.

Please acknowledge filing of this document by stamping the duplicate copy and returning same to me.

If you have any questions in connection with the documents, or need further information, please contact me by telephone rather than returning the document.

Sincerely,

BRONSTEIN, CARLSON, GLEIM & SMITH, P.A.

Thomas B. Smith

Thomas B. Smith

TBS/klm

Enc.

cc: Spring Hill Neonatology, Inc.
165182

CHANGE OF REGISTERED OFFICE AND AGENT
OF
SPRING HILL NEONATOLOGY, INC.

TO: SECRETARY OF STATE OF FLORIDA

1. The name of the Corporation is Spring Hill Neonatology, Inc.
2. The current registered office is located at 150 Second Avenue North, Suite 1100, St. Petersburg, FL 33701.
3. The registered office will be changed to 12275 Forest Crest Court, Spring Hill, FL 34609.

THIS IS THE CORRECT BUSINESS ADDRESS OF THE CORPORATION,
PLEASE CHANGE YOUR RECORDS ACCORDINGLY.

4. The current registered agent is Thomas B. Smith.
5. The successor registered agent will be Mary Newport, M.D.
6. The street address of the Corporation's registered office and the business office of its registered agent, as changed above, will be identical.
7. All changes made above have been authorized by resolutions duly adopted by the Corporation's Board of Directors.
8. All changes made above have been made by an officer of the Corporation authorized to do so by the Board of Directors.

DATED:

6/15/03

SPRING HILL NEONATOLOGY, INC.

By:

Mary Newport
Mary Newport, President

ACKNOWLEDGMENT

I hereby accept to act in this capacity, and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of 607.0505, Florida Statutes.

Mary Newport
Mary Newport, Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA