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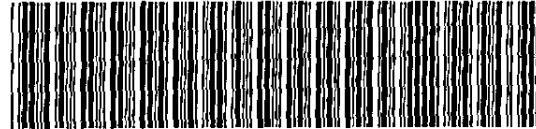
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BRONSTEIN, CARLSON, GLEIM & SMITH, P.A.

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Refer to File No.

984042

Writer's Direct Dial No.

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April 28, 2005

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

RE: Spectra Healthcare Associates, P.A.

Gentlemen:

Enclosed please find the original and duplicate copy of the Change of Registered Office and Agent referenced Florida corporation along with our 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/km

Enc.

cc: Spectra Healthcare Associates, P.A.
177385

CHANGE OF REGISTERED OFFICE AND AGENT
OF
SPECTRA HEALTHCARE ASSOCIATES, P.A.

TO: SECRETARY OF STATE OF FLORIDA

1. The name of the Corporation is Spectra Healthcare Associates, P.A.
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 509 South Armenia Avenue, Suite 302, Tampa, FL 33609.

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

4. The current registered agent is Tom B. Smith.
5. The successor registered agent will be Lisa Saff Koche.
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: 2/21/05

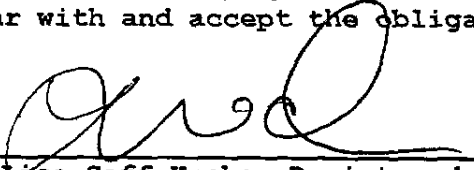
SPECTRA HEALTHCARE ASSOCIATES, P.A.

By: 

Lisa Saff Koche, 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.


Lisa Saff Koche, Registered Agent

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05 MAY -2 PM 4:15
SECRETARY OF FLORIDA
TALLAHASSEE