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Mid America Pr	rofessional Surv	rices, INC.	-
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<pre>) Profit) NonProfit) Limited Liability Compa</pre>	() Amendment	() Merger	
) Foreign	() Dissolution/W	ithdrawal () Mark	-
) Limited Partnership) Reinstatement	() Annual Repor () Reservation	t ().Other Change of R.A. () Fictitious Nam	. e
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Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of Kentucky ___ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Mid-America Professional Services, Inc. 1a. The name of the corporation is: 1b. Date of incorporation 10-12-88 Document number 2. The name and address of the current registered agent and office: The Prentice-Hall Comporation System, Inc. 1201 Hays St., Ste. 105, Tallahassee, FL 32301 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324 The street address of its registered agent 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 officen so authorized by the board. Salvina Amenta-Gray, Asst. Secy. SIGNATURE Typed or printed name and title 3-21-97 DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE BY:
Salvina Amenta-Gray,
DATE

(Registered Agent)

Secy.

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

CR2E045 (7-91)

FILING FEE: \$35.00

CORPORATION SYSTEM