Document Number On PHORTA

W.P. Veriñer

C I COFFORATION SYSTEM	
Requestor's Name 660 East Jefferson Street	
Address : Tallabasee: Florida 32301	0000026046102 .
City State Zip Phone 904-222-1092 CORPORATION(S) NAME	0000026046102 -07/31/9801089031 *****35.00 *****35.00
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cknowledgment R. H. Challe	TAKS!

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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 Massachusetts submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: The Mediplex Group, Inc.	
1b. Date of incorporation August 31, 1992 Document number P4	0272
2. The name and address of the current registered agent and office: The Prentice-Hall Corporation System, Inc.	CECH T
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1201 Hays Street, Suite 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	SEE STATE
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation	Florida 3332
The street address of its registered agent and the street address of the bus of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of direct an officer so authorized by the board. Michael T. Berg, Assistant S. Type or printed name and to DATE DATE	ctors or by Secretary litle)
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DE IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTAND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND A THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE BY: ACCEPT SERVE OF THE PLACE OF THE PROPER OF THE PROPER OF THE PROPERTY OF THE	SIGNATED STERED COMPLY AND COM- ACCEPT
Vickie M. Prince, Assistant Secretary (Registered Agent) DATE	
Division of Corporations, P.O. Box 6327, Tallahassee, FL	. 32314

Filing Fee: \$35.00

(FLA - 2194 - 3/4/92) cr system

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