ATTORNEYS AT LAW =

ONE UNIVERSITY PARK, SUITE 600 12800 UNIVERSITY DRIVE P.O. BOX 60259 (ZIP 33906) FT. MYERS, FLORIDA 33907 TELEPHONE: (941) 489-1776 FACSIMILE: (941) 489-2444

201 SOUTH MONROE STREET **SUITE 200** TALLAHASSEE, FLORIDA 32301 TELEPHONE: (850) 224-7668 FACSIMILE: (850) 224-7290

ONE TAMPA CITY CENTER SUITE 2100 P.O. BOX 3433 (ZIP 33601) TAMPA, FLORIDA 33602 TELEPHÓNE: (813) 229-3321 FACSIMILE: (813) 223-9067

> PLEASE REPLY TO: TAMPA

kruss@annislaw.com May 24, 1999

PELICAN BAY FINANCIAL CENTER SUITE 600 8889 PELICAN BAY BOULEVARD NAPLES, FLORIDA 34108 TELEPHONE: (941) 597-7088 FACSIMILE: (941) 597-6984

AVAILABLE FOR CONSULTATION

KARGEL, VOLLHARDT & PARTNER KURFÜRSTENDAMM 36 D-10719 BERLIN, GERMANY 011-49-30-885-7710 FAX: 011-49-30-8811-1308

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Bryan T. Marshall, D.D.S., P.A..

check in the amount of \$35.00 in payment of the filing fee.

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Attn: Amendments Section

Our File No. 8645-001

Dear Madam or Sir:

Re:

P 973 987 665 SENDERS RECORD

900002888839

05/27/99 901088

--001

Certified Article Number

Enclosed are the original and one copy of the Statement of Change of Registered Office or Registered Agent, or Both, for Corporations, for the above referenced Florida professional service corporation. As instructed by your office, we have used this form to che ge just the registered office and we have only obtained the signature of the registered agent. Also enclosed is our firm's

Please file the Statement of Change and place your "Filed" stamp on the enclosed copy. Please return the evidence to us by mail in the return envelope provided.

If you have any questions, please let me know. Thank you for your assistance.

Sincerely,

Katherine Russell Legal Assistant

Enclosures 8645-001-653964

ASSOCIATE MEMBER, EUROPEAN LAW FIRM, WITH OFFICES IN BRUSSELS AND PRINCIPAL EUROPEAN CITIES.

FLORIDA DEPARTMENT OF STATE, KATHERINE HARRIS, 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 and 617.1508, *Florida Statutes*, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida:

1.	The name of the corporation is: Bryan T. Marshall, D.D.S., P.A.	
2.	The mailing address of the corporation is: 12005	Cortez Boulevard, Brooksville, Florida 34613
3.	Date of incorporation/qualification: 4/5/93	Document number: P300002550.
4.	The name and address of the current registered age	ent and office:
	Gary Walker	
	4100 Barnett Plaza	
	101 East Kennedy Boulevard	
	Tampa, Florida 33602	
5.	The name and address of the new registered agent and office: (P.O. Box NOT Acceptation 5	
	Gary Walker	<u> </u>
	201 North Franklin Street, Suite 21	00
	Tampa, Florida 33602	
by the	Board of Directors.	y its Board of Directors or by an off cer so authorized
(Signat	ture of an Officer, Chairman or Vice Chairman of the Board)	(Date)
(Printe	d or Typed Name and Title)	<u> </u>
ABOV AGRE STAT	VE-STATED CORPORATION, I HEREBY ACCEPT SE TO ACT IN THIS CAPACITY. I FURTHER AG UTES RELATIVE TO THE PROPER AND COMP LIAR WITH AND ACCEPT THE OBLIGATION OF N	ND TO ACCEPT SERVICE OF PROCESS FOR THE THE APPOINTMENT AS REGISTERED AGENT AND REE TO COMPLY WITH THE PROVISIONS OF ALL LETE PERFORMANCE OF MY DUTIES, AND I AMMY POSITION AS REGISTERED AGENT.
	Day Walker	5/24/99
(Signat	ture of Registered Agent)	(Date)
If sign	ring on behalf of an entity:	
(Printe	d or Typed Name)	(Capacity)
	FILING FE	E: \$35.00
CR2EC	045 (7/97) #653877 v1 - 8645-001	