THE UNITED STATES CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE: 017760 4352697

AUTHORIZATION

COST LIMIT \$ 35.00

ORDER DATE: November 2, 1998

ORDER TIME : 11:31 AM

ORDER NO. : 017760

2--788788200007

CUSTOMER NO: 4352697

CUSTOMER: Linda Mcdonald, Legal Asst

Humana Inc.

500 West Main Street

P.o. Box 1438

Louisville, KY 40201-1438

CHANGE OF AGENT

NAME:

HUMANA INTERNAL MEDICINE ASSOCIATES OF THE PALM

BEACHES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

Florida Department of State, Sandra B. Mortham, Secretary of State

* * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisi	ons of sections 607.0502, 617.0502,	607.1508, or 617.1508,	Florida Statutes, the
undersioned corporation organized under the laws of the State ofFlo			orida
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 corp HUMANA INTERNAL	poration is: MEDICINE ASSOCIATES OF THE 1	PALM BEACHES, INC.	
2. The mailing address	of the corporation is:		1
500 West Ma	in Street, Louisville, KY	40202	1
	n/qualification: June 25, 1993		P93000045230
4. The name and address	ss of the current registered agent and	office:	
CT Co	CT Corporation System		SECR NO
1200	South Pine Island Road		THE STATE OF THE S
Plant	ation, FL 33324	C C P Work Acc	ontoblo)
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)			
Corpo	ration Service Company		
1201	Hays Street		El tronodir re to the tar
	hassee, FL 32301		7 ' '
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.			
Such change was aut	horized by resolution duly adopted land.	by its board of directors	s or by an officer so
			10-16-98
(Signature of an of	ficer, chairman or vice chairman of the board)		10-16-98 (Date)
Walter E. Neely, Vi	ce President		10-16-98
	1 4141 5	- 1	(Date)
I further agree to con performance of my d	(Printed or typed name and title) as registered agent and to accept se accept the appointment as register apply with the provisions of all statu uties, and I am familiar with and ac	the molation to the prope	or and complete
Corporation Servi	ce Company	,	
(Signatu	ce Company Culla re of Registered Agent)	(Date)	
If signing on behalf of a	n entity:		
Maureen W. (Assistant Vic	
	or Printed Name)	(Сара	city)