

P94000008578



ACCOUNT NO. : 072100000032

REFERENCE : 177889 5021646

AUTHORIZATION : *Patricia Pignatelli*

COST LIMIT : \$ 35.00

ORDER DATE : March 22, 1999

ORDER TIME : 12:03 PM

ORDER NO. : 177889

800002815548--1

CUSTOMER NO: 5021646

CUSTOMER: Ms. Sharon H. Crawford  
Phycor, Inc.  
30 Burton Hills Blvd.  
Ste. 400  
Nashville, TN 37215

RECEIVED  
99 MAR 23 PM 12:46  
DIVISION OF CORPORATION

CHANGE OF AGENT

NAME: FIRST PHYSICIAN CARE OF  
TAMPA BAY, INC.

FILED  
99 MAR 23 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Robert Maxwell

*See 3/23*

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 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 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: FIRST PHYSICIAN CARE OF TAMPA BAY, INC.

2. The mailing address of the corporation is:

3. Date of incorporation/qualification: February 3, 1994 Document number: P94000008578

4. The name and address of the current registered agent and office: STEPHEN A. GEORGE 900, 500 NORTH WESTSHORE TAMPA, FL 33609

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) Corporation Service Company 1201 Hays Street Tallahassee, FL 32301

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 authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board) 3/20/99 (Date)

N. CAROLYN FOREHAND, Secretary (Printed or typed name and title) (Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Corporation Service Company (Signature of Registered Agent) 3/23/99 (Date)

If signing on behalf of an entity: KAREN B. ROZAR Assistant Vice President (Typed or Printed Name) (Capacity)

FILED 99 MAR 23 PM 3:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA