

P94000031968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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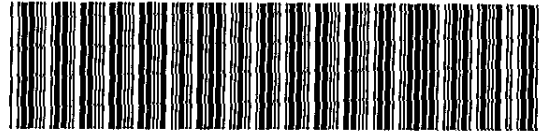
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GATEWAY MEDICAL SERVICES, INC.
(Name of corporation)

DOCUMENT NUMBER: P94000031968

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHANIE THOMAS
(Name of person)

Paranet Corporation Services, Inc.
(Name of firm/company)

3761 Venture Drive, Suite 260
(Address)

Duluth, GA 30096
(City/state and zip code)

For further information concerning this matter, please call:

STEPHANIE THOMAS at (800) 277-9977
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GATEWAY MEDICAL SERVICES, INC.

2. The principal office address: 155 Franklin Road, Suite 400, Brentwood, TN 37027

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4-27-94 Document number: P94000031968

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

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, or the corporation has been notified in writing of the change.

Kimberly A. Wright ASST. SEC.
(Signature of an officer or director)

KIMBERLY A. WRIGHT ASST. SEC.
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.

by: Stephanie Thomas
(Signature of Registered Agent)

11/7/03

(Date)

If signing on behalf of an entity:

STEPHANIE THOMAS
(Typed or Printed Name)

SPECIAL ASST. SECRETARY
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA