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THE LAW OFFICES OF
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September 28, 1998

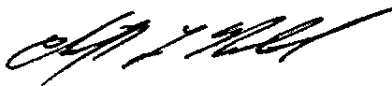
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam,

Enclosed herewith please find an original and a copy of a change of agent form for Allergy, Asthma & Immunology Associates, P.A., along with the requisite check for \$35.00. Please file the same at your earliest convenience and return a file-stamped copy to my attention at the address above.

Thank you for your assistance in this matter. Should you have any questions, or if I may be of further assistance, please

Sincerely,



Christopher L. Nuland

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TALLAHASSEE, FL 32314
TELEPHONE (904) 355-1555
FACSIMILE (904) 355-1585

**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: Allergy, Asthma + Immunology Associates, P.A.

2. The mailing address of the corporation is: 3636 University Boulevard South, #B2

3. Date of incorporation/qualification: 11/3/95 Document number: P95000084714

4. The name and address of the current registered agent and office:

Rax Co.
50 North Laura Street, 34th floor
Jacksonville, FL 32202

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Christopher L. Noland
1000 Riverside Avenue, Suite 200
Jacksonville, FL 32204

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.

Edward A. Mizrahi
(Signature of an officer, chairman or vice chairman of the board)

9/23/98
(Date)

EDWARD A. MIZRAHI, PRESIDENT

(Printed or typed name and title)

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.

Christopher L. Noland
(Signature of Registered Agent)

9/14/98
(Date)

If signing on behalf of an entity:

Christopher L. Noland
(Typed or Printed Name)

(Capacity)

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