

ACCOUNT NO. : 072100000032

REFERENCE :

499575

4390339

AUTHORIZATION :

COST LIMIT : \$ 35.

ORDER DATE: August 18, 1997

ORDER TIME : 10:53 AM

ORDER NO. : 499575

CUSTOMER NO:

4390339

900002274899--1

CUSTOMER: Ms. Fran Soldo Medpartners, Inc.

3000 Riverchase

Galleria Tower / Ste. 1000

Birmingham, AL 35244

CHANGE OF AGENT

NAME:

INPHYNET GOVERNMENT SERVIES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Susana Romagosa

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of Florida Statutes, the undersign submits the or registered agent, or both, in	ned corporation organ following statement i	i17.0502, 607.1508, ized under the laws on order to change its	f the Store of	
1a. The name of the corporati	· · · · · · · · · · · · · · · · · · ·			
INPHYNET GOVERNMENT SERVICES, INC.				
1b. Date of incorporation:	11/30/95	Document numbe	, P95000091222	
 The name and address of the current registered agent and office: C T CORPORATION SYSTEM 				
1200 SO. PINE ISLAND DRIVE	PLANTATION	FL	33324	
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)				
CORPORATION SERVICE COMPAN	Υ	7		
1201 Hays Street, Tallahassee, Florida	32301		2002	
The street address of its registered agent 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 of by an officer so authorized by the board.				
11:16		Tracy P. Thrasher		
SIGNATURE August 13, 1997 DATE	Typ	ce President and ed or printed name ar	<u>Secretary</u> nd title	
HAVING BEEN NAMED AS RE PROCESS FOR THE ABOVE S'IN THIS CERTIFICATE, I HERE AGENT AND AGREE TO ACT WITH THE PROVISIONS OF A PLETE PERFORMANCE OF MY THE OBLIGATION OF MY POS	TATED CORPORATION BY ACCEPT THE API IN THIS CAPACITY. LL STATUTES RELAT OUTIES, AND I AMI ITION AS REGISTERI	ON AT THE PLACE DEPOINTMENT AS REGINATED AGREE TO THE PROPER FAMILIAR WITH AND ED AGENT. ORPORATION SERVICE By: DEBBIE SKIP	SIGNATED STERED O COMPLY AND COM- D ACCEPT COMPANY LECTORS	
	DATE	8-15-9	7	