500009123 THE UNITED STATES CCRPOBATION

ACCOUNT NO. : 072100000032

REFERENCE: 501088 4390339

AUTHORIZATION

COST LIMIT : \$ 35.00 latueia Parts

ORDER DATE: August 19, 1997

ORDER TIME: 2:43 PM

ORDER NO. : 501088

CUSTOMER NO: 4390339

CUSTOMER: Ms. Fran Soldo

Medpartners, Inc. 3000 Riverchase

Galleria Tower / Ste. 1000 Birmingham, AL 35244

CHANGE OF AGENT

NAME: INPHYNET MANAGED CARE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Kathy Drake

500002275335--9

Florida Department of State, Jim Smith, Secretary of State

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

-	in the State Florida.	nt in order to change it	
1a. The name of the corporat	tion is:		<u> </u>
<u> </u>	PHYNET MANAGED CAR	E, INC.	7 AL
1b. Date of incorporation:	11/30/95	Document numi	Der SS 22
2. The name and address of C T CORPORATION SYSTEM	the current registe	red agent and office:	EFFOR
1200 SO. PINE ISLAND DRIVE	PLANTATION	FL	DA 5033324
3. The name and address of (P.O. Box Not A	the new registered (cceptable)	agent and office:	
CORPORATION SERVICE COMPA	NY		
1201 Hays Street, Tallahassee, Florid	ia 32301		
The street address of its regis of its registered agent as char	stered agent and the nged will be identicated	street address of the	business office
Such change was authorized an officer so authorized by the	e board.	tey P. Thrasher ~	
	T14/		CARCARLAYA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 B	: Deletie	Skippe	s. As agent
DATE	. Debbie skipp 8-/5-97	ER .	, ,