

ACCOUNT NO. : 072100000032

REFERENCE : 501088 4390339

AUTHORIZATION :

\$ 35.00 Palucia lignite COST LIMIT :

ORDER TIME : 2:45 PM

ORDER DATE: August 19, 1997

ORDER NO. : 501088

CUSTOMER NO: 4390339

700002275337--3

6/25

CUSTOMER: Ms. Fran Soldo

Medpartners, Inc. 3000 Riverchase

Galleria Tower / Ste. 1000

Birmingham, AL 35244

CHANGE OF AGENT

IMBS, INC. NAME:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Kathy Drake

Florida Department of State, Jim Smith, Secretary of State

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

Florida Statutes, the undersig	•	ized under the laws of	the S	tate d	of
or registered agent, or both, i		. order to ondrige its is		5 97	1100
1a. The name of the corporat	ion is:		CNE D	AUG 2	
	IMBS, I	NC.	S	2	il design
1b. Date of incorporation:	11/30/95	Document number	<u></u> 	PH 🖅	
2. The name and address of C T CORPORATION SYSTEM	the current registered	l agent and office:	ORIDA	55	
1200 SO. PINE ISLAND DRIVE	PLANTATION	FL		333	324
3. The name and address of (P.O. Box Not A CORPORATION SERVICE COMPA	Acceptable)	ent and office:			
1201 Hays Street, Tallahassee, Florid					
The street address of its registered agent as cha		treet address of the bo	usiness	offic	:e
Such change was authorized an officer so authorized by the SIGNATURE	be board.	pted by its board of d Ley R. Thrasher ped or printed name a	~ S	ice?	· ·
Hugust 12, 1997					

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	By: Delelie Skipper, As agen
DATE	Q Q.