

ACCOUNT NO. : 072100000032

REFERENCE: 281799 4319459

AUTHORIZATION :

Patricia Pyrito

COST LIMIT : \$ 35.00

ORDER DATE: March 4, 1997

ORDER TIME : 10:14 AM

ORDER NO. : 281799

CUSTOMER NO: 4319459

CUSTOMER: Ms. Tasha Dolan

Comprehensive Care Corporation

Suite 100

1111 Bayside Drive

Corona Del Mar, CA 92625

CHANGE OF AGENT

NAME: COMPREHENSIVE ORTHOPEDIC CARE,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Warren Whittaker

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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.
1a. The name of the corporation is: COMPREHENSIVE ORTHOPEDIC CARE, INC.
1b. The mailing address of the corporation is: 4200 W. CYPRESS STREET, SUITE 300, TAMPA, FLORIDA 33607
1c. Date of incorporation: 01-04-96 Document number: P96000002683
2. The name and address of the current registered agent and office:
JAMES A. ROWE
4200 W. CYPRESS SUITE #300
TAMPA, FL 33607
3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FLORIDA 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. (Signature of an officer, chairman or vice chairman of the board)
KERRI RUPPERT, SENIOR VICE-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.
By: Melior ah M. Skipari 3/19/97 (Signature of Registered Agent) (Date)
If signing on behalf on an entity:
THE PRENTICE-HALL CORPORATION SYSTEM, INC. (So a gent

FILING FEE: \$35.00

CR2E045 (11/94)