60000/6298

THE UNITED STATES CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE: 499575

4390339

AUTHORIZATION

COST LIMIT :

ORDER DATE: August 18, 1997

ORDER TIME : 10:45 AM

ORDER NO. : 499575

400002274904--4

STATION STATIO

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 OF SOUTH BROWARD, 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

| 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 submits the following statement in order to change its registered office or registered agent, or both, in the State Florida. | | | |
| 1a. The name of the corporation is: | | | |
| INPHYNET MANAGED CARE OF SOUTH BROWARD, INC. | | | |
| 1b. Date of incorporation: 2/21/ | 96 | Document number_ | P9600001629 |
| 2. The name and address of the c c T CORPORATION SYSTEM | urrent registered a | agent and office: | |
| 1200 SO. PINE ISLAND DRIVE | PLANTATION | FL | 33324 |
| 3. The name and address of the ne (P.O. Box Not Accept | | nt and office: | 97 M |
| CORPORATION SERVICE COMPANY | | | 形の一 |
| 1201 Hays Street, Tallahassee, Florida 3230 | 1 | | 2 p |
| The street address of its registered of its registered agent as changed visual change was authorized by res | vill be identical. | | |
| an officer so authorized by the boar | d. Tracy | P. Thrasher | |
| August 13, 1997 DATE | Type | President and Se d or printed name and | i title |
| HAVING BEEN NAMED AS REGIST PROCESS FOR THE ABOVE STATE IN THIS CERTIFICATE, I HEREBY A AGENT AND AGREE TO ACT IN THE WITH THE PROVISIONS OF ALL STRUCK PLETE PERFORMANCE OF MY DUTHE OBLIGATION OF MY POSITIO | ED CORPORATION ACCEPT THE APPO HIS CAPACITY. I TATUTES RELATI FIES, AND I AM F N AS REGISTEREI | NAT THE PLACE DES DINTMENT AS REGIS FURTHER AGREE TO VE TO THE PROPER AMILIAR WITH AND D AGENT. RPORATION SERVICE O | SIGNATED STERED O COMPLY AND COM- ACCEPT |