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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 JAN -2 PM 3:35

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RADEY | THOMAS | YON | CLARK

Attorneys & Counselors at Law

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TALLAHASSEE, FLORIDA 32301
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January 2, 2004

VIA HAND DELIVERY

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

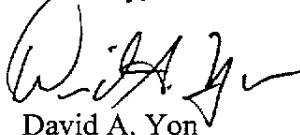
RE: Tallahassee Primary Care Associates, P.A.

TO WHOM IT MAY CONCERN:

Enclosed is a Transmittal Letter, State of Change of Registered Office or Registered Agent and a check for \$35.00 for the requisite filing fee.

Thank you for your attention to this matter.

Sincerely,



David A. Yon

DAY:kde
Enc.

cc: Thomas G. Harrison

KAREN ASHER-COHEN
DONNA E. BLANTON
SUSAN F. CLARK
EDWARD B. COLE
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JOHN RADEY
HARRY O. THOMAS
DAVID A. YON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tallahassee Primary Care Associates, P.A.
(Name of corporation)

DOCUMENT NUMBER: P96000033673

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David A. Yon

(Name of person)

Radey, Thomas Yon & Clark

(Name of firm/company)

313 North Monroe Street, Suite 200

(Address)

Tallahassee, Florida 32301

(City/state and zip code)

For further information concerning this matter, please call:

David A. Yon

(Name of person)

at (850) 425-6654

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tallahassee Primary Care Associates, P.A.
2. The principal office address: 1803 Miccosukee Commons Drive
Tallahassee, Florida 32308
3. The mailing address (if different): P.O. Box 12427
Tallahassee, Florida 32317
4. Date of incorporation/qualification: 01/01/97 Document number: P96000033643
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John C. Lovett
106 East College Avenue, 12th Floor
Tallahassee, Florida 32301

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David A. Von
313 North Monroe Street, Suite 200
(P.O. Box or personal mailbox NOT acceptable)
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, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Karl F. Hempel, M.D. President
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

1/2/02
(Date)

If signing on behalf of an entity:

DAVID VON for Tallahassee Primary
(Typed or Printed Name)
Care

Attorney
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314