6000085027



ACCOUNT NO. : 072100000032

REFERENCE: 499575

4390339

AUTHORIZATION

COST LIMIT

ORDER DATE: August 18, 1997

ORDER TIME: 10:28 AM

ORDER NO. : 499575

CUSTOMER NO:

4390339

CUSTOMER:

Ms. Fran Soldo

Medpartners, Inc. 3000 Riverchase

Galleria Tower / Ste. 1000 Birmingham, AL 35244

CHANGE OF AGENT

NAME:

IMMI MANAGED CARE SERVICES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Susana Romagosa

500002274895--3

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: IMMI MANAGED CARE SERVICES, INC.
1b. Date of incorporation: 10-15-96 Document number P96000085027
2. The name and address of the current registered agent and office: C T CORPORATION SYSTEM
1200 SO. PINE ISLAND DRIVE PLANTATION FL 33324
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
CORPORATION SERVICE COMPANY
1201 Hays Street, Tallahassee, Florida 32301
The street address of its registered agent 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.
Tracy P. Thrasher
Vice President and Secretary SIGNATURE Typed or printed name and title
Hugust 13, 1997 DATE
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 DEBORAH D. SKIPPER SIGNATURE BY: LOLLONDE AD ALLONDERS

DATE _____