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ST. PETERSBURG - SUNCOAST
MEDICAL GROUP
North Campus
1099 Fifth Avenue North
St. Petersburg, Florida 33705

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*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

T LEWIS FEB 7 2000

Examiner's Initials

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, 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.

1. The name of the corporation is: St. Petersburg Physicians Group, Inc.

2. The mailing address of the corporation is: 1099-5th Avenue North
St. Petersburg, FL 33705

3. Date of incorporation/qualification: 10/23/1996 Document number: 59-3407344


4. The name and address of the current registered agent and office:
Lynn S. Kiehae
1099-5th Ave. North
St. Petersburg, FL 33705

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5. The name and address of the new registered agent and office (P. O. Box Not Acceptable)
Mark R. Gordon, M.D.
1099 - 5th Avenue North
St. Petersburg, FL 33705


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.

 President 01/24/00
(Signature of an officer, chairman or vice chairman of the board) (Date)

Mark R. Gordon, M.D.
(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.

 01/24/00
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
St. Petersburg-Suncoast Medical Group President
(Typed or Printed Name) (Capacity)

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