

ANESTHESIOLOGIST

NICKOLAS J. COLLUCCI, D.O. P.A.

ACORP

ACUTE-CHRONIC PAIN MANAGEMENT

P96000090610

17 December, 2000

Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

700003518917--7
-01/02/01--01100--019
*****35.00 *****35.00

Re: Nickolas J. Collucci, D.O., P.A.

Dear Madam:

Consent in Lieu of special meeting, the undersigned, the sole shareholder of Nickolas J. Collucci, D.O., P.A., acting without meeting pursuant to the Florida General Corporation Act, hereby consents to and unanimously ratifies the following action taken by the Corporation as hereafter stated:

The address of the Corporation and Registered Office shall hereby be changed to 5295 Legend Hills Lane, Brooksville, FL, 34609. Nickolas J. Collucci shall remain the Registered Agent.

Nickolas J. Collucci

Nickolas J. Collucci, President and Shareholder

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JAN -2 PM 5:25

RA address Chge

V. SHEPARD JAN 10 2001

**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 : NICKOLAS J. Collucci, D.O., P.A.

2. The mailing address of the corporation : 5295 LEGEND Hills LANE
SPRING Hill, FLORIDA 34609

3. Date of incorporation/qualification: 5 Nov 1996 Document number: P96000090610

4. The name and address of the current registered agent and registered office:

OLD

NICKOLAS J. Collucci
1194 MARINER Blvd.
SPRING Hill FL 34609

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

NEW

NICKOLAS J. Collucci
5295 LEGEND Hills LANE
SPRING Hill, FL 34609

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.

Nickolas J. Collucci
(Signature of an officer, chairman or vice chairman of the board)

12/27/2000
(Date)

NICKOLAS J. COLLUCCI 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.

Nick J. Collucci
(Signature of Registered Agent)

12/27/2000
(Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

FILED STATE
SECRETARY OF CORPORATIONS
01 JAN -2 PM 5:25