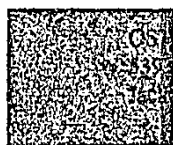


P96000092181

Requestor's Name



Patient Advocates
Roosevelt Blvd, Suite 2
Tallahassee, FL 32210

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #) 000002266810--7
-08/14/97--01048--005
2. _____ (Corporation Name) _____ (Document #) *****35.00 *****35.00
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 AUG 13 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. A. Change
8-13-97

1053, 707, 2267, 672



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 21, 1997

OST PATIENT ADVOCATES, INC.
5393 Roosevelt Blvd., Suite 2
Jacksonville, FL 32210

SUBJECT: OST PATIENT ADVOCATES, INC.
Ref. Number: P96000092181

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The fee to file your document is \$35.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 797A00036887

RECEIVED
97 AUG 13 AM 11:33
DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, Secretary of State

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: OST PATIENT ADVOCATES, INC

2. The mailing address of the corporation is: 5393 ROOSEVELT BLVD
Suite 3, JACKSONVILLE, FL 32210

3. Date of incorporation/qualification: 11-8-96 Document number: P96000092181

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

AMERILAWYER CHARTERED
343 ALMERIA AVE
CORAL GABLES, FL 33134

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

DEBRA L. LANGSTON
5393 ROOSEVELT BLVD. Suite 2
JACKSONVILLE, FL 32210

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.

Debra L. Langston Pres. 7-14-97
(Signature of an officer, chairman or vice chairman of the board) (Date)

DEBRA L. LANGSTON, 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.

Debra L. Langston
(Signature of Registered Agent)

7-14-97
(Date)

If signing on behalf of an entity:

DEBRA L. LANGSTON
(Typed or Printed Name)

PRESIDENT
(Capacity)

FILED
97 AUG 13 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA