## P96000092387 STRAWN, MONAGHAN & COHEN, P.A.

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> P.O. Box 13441 Tallahassee, Florida 32317-3341 (904) 893-7821

Of Counsel: TERRY MEEK\* \*Board Certified in Health Care Law

October 27, 1997

Secretary of State Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Attn: Amendment Division

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Document No. P96000092387

Gentlemen/Ladies:

Re:

Enclosed is Statement of Change of Registered Office or Registered Agent or Both for Corporations, along with our check in the amount of \$35.00 to change the name of the Registered Agent relative to the above-captioned corporation.

If any further information is needed, please advise.

Managed Care Software Solutions, Inc.

TEM/sjm Enclosures

CC: Mr. Tom Magri sm K:\WORK\-OTHERC\36903\SEC-STAT.1 October 27, 1997 mothy E. Monaghan

Sincerely.

4 19971

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

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

	provisions of sections 607.0302, 61 poration organized under the laws of	•	rioriaa siatutes, the
	owing statement in order to change i		agent, or both, in the
State of Florida			
1. The name of	the corporation is: Managed Car	e Software Solutions, Inc.	
	•	- 100	
2. The mailing a	ddress of the corporation is: 11	924 Forest Hill Boulevard,	22–198,
Wellington	, FL 33414		
	poration/qualification: 11/7/96 address of the current registered ag		P96000092387
	Larry Wolfe		
	200-A John Knox Road		_
	Tallahassee, FL 32303-6643	1007a-2	97 SEC
5. The name and	d address of the new registered agent	and office: (P.O. Box Not Accept	
	Timothy E. Monaghan, Esq.		RY OF
	54 NE Fourth Avenue		JEST SE O
	Delray Beach, FL 33483		18 - 18
The street addressent, as change	ess of its registered office and the streed, will be identical.	eet address of the business office	of its registered
Such change wa authorized by th	as authorized by resolution duly adop ne board.	ted by its board of directors or by	y an officer so
& homa	1. Magni icer, chairman or vice chairman of the board)	10-24-97	
(Signature of an off	icer, chairman or vice chairman of the board)	(Date)	-
Thom	as A. Magri Secretar (Printed or typ	/ Treasurer	<u> </u>
Having been not I hereby accept comply with the and I am famili	med as registered agent and to acce the appointment as registered agent provisions of all statutes relative to ar with and accept the obligation of		ve stated corporation, I further agree to nance of my duties,
	Ust Ilmasia	10/27/97	<del></del>
⊸(Signature ∕	e of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
(Typed or	r Printed Name)	The same of the sa	
(r)pad o	· A LIMBO LIGHTLY	(Capacity)	

FILING FEE: \$35.00

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