

ACCOUNT NO. :

072100000032

REFERENCE :

625493

9691A

AUTHORIZATION

\$ 35.00

COST LIMIT :

ORDER DATE: December 8, 1997

ORDER TIME : 9:50 AM

500002365295--6

ORDER NO. : 625493

CUSTOMER NO: 9691A

CUSTOMER: Pam Schneider, Legal Assistant

Lewis B. Freeman, Esq

Suite 100

3250 Mary Street

Coconut Grove, FL 33133

CHANGE OF AGENT

NAME: SPENCER F. KELLOGG, M.D., P.A.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Deborah Schroder

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. 1a. The name of the corporation is: Spencer F. Kellogg, M.D., P. 1b. The mailing address of the corporation is: 11160 S.W. 84 Court 33156 Miami, FL 1c. Date of incorporation: January 10, 1997 Document number: P97000003213 The name and address of the current registered agent and office: Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable Lewis B. Freeman 3250 Mary Street, Suite 100 Coconut Grove, FL 33133 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. (Signature of an officer, chairman or vice chairman of the board) Spencer F. Kellogg, M.D., Dire (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. (Signature of Registered Agent) If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)