P91000003621

Registered Agent Services A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5<sup>TH</sup> FLOOR 777 S. HARBOUR ISLAND BOULEVARD TAMPA, FLORIDA 33602-5730

MAILING ADDRESS: P. O. BOX 3239 TAMPA, FLORIDA 33601-3239 TEL (813) 223-7000 FAX (813) 229-4133

May 9, 2002

300005506373--6 -05/13/02--01065--009 \*\*\*\*\*155.00 \*\*\*\*\*35.00

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: Registered Agent Statements of Change

## Gentlemen:

Please find enclosed statements of change for the registered agents of the following corporations and limited liability companies:

American-Beach-Resort, L.P.

Daytona Americano Management, Inc.

Manual Medicine Center, Inc.

Earian, L.L.C.

Mediterranean LLC

Also enclosed is Carlton Fields' Check No. 293334 in the amount of \$155.00 for the payment of the filing fees of the above-described statements of change.

Very truly yours,

Joyce F/B#ntubo

Administrative Assistant

jfb

Enclosures

## 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: Manual Medicine Center Inchia
2. The mailing address of the corporation: 2203 Ockle Ave
Tampa FL 33606 P97 000003621
3. Date of incorporation/qualification: 1/8/97 Document number: P97 00000 3633
4. The name and address of the current registered agent and office:
Michael J Nolan
One Harbour Place Suite 500
Taypa FL 33602
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
CFRA LLC
One Hasbour Place 777 5. Hasbour Island Blud, Suik 500
Tampa FL 3360
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)  (Date)
Michael IC. Payaui (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) (Date)
If signing on behalf of an entity:  Hefer Winders Vice President  (Typed or Printed Name)  (Capacity)
* * * FILING FEE: \$35.00 * * *

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