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July 5, 2001

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*****35.00 *****35.00

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

Re: Coral Springs Therapeutic Medical Center, Inc.

Ladies and Gentlemen:

Please find enclosed the Statement of Change of Registered Office or Registered Agent or Both for Corporations in connection with the above-referenced corporation, together with check in the amount of $35.00, in payment of the filing fee therefor.

If there is anything further you need, please do not hesitate to contact the undersigned.

Very truly yours,

Jeff M. Novatt

JMN/lrj
Enclosures
F:\WPDOCS\Business\Tamarac\ltr-FlDivofCorps

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01 JUL -9 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. change

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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 : Coral Springs Therapeutic Medical Center, Inc.

2. The mailing address of the corporation : 7166 Nob Hill Road, Tamarac, Florida 33321

3. Date of incorporation/qualification: 3/11/97 Document number: P97000021951

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

Albert Arana

7166 Nob Hill Road

Tamarac, Florida 33321

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TALLAHASSEE, FLORIDA

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

Jeff M. Novatt, Esq.
Cheffy Passidomo Wilson & Johnson
821 Fifth Avenue South
Suite 201
Naples, Florida 34102

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) 6-27-2001 (Date)

John R. Picciano, 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.

(Signature of Registered Agent) 7/3/01 (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314