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THOMAS P. McNAMARA, P.A.

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THOMAS P. McNAMARA

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June 6, 2000

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

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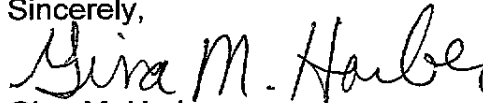
Re: Rheotherapycenters of Tampa Bay Corporation

Dear Madam or Sir:

We have enclosed a Statement of Change of Registered Office or Registered Agent or Both for Corporations for filing on behalf of the referenced corporation. We have also enclosed a check in the amount of \$35.00 to cover the filing fee.

Please let us know if you have any questions.

Sincerely,



Gina M. Harber
Legal Assistant

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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/gmh

Enclosures

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RA Chg.

V. SHEPARD JUN 15 2000

Florida Department of State, Jim Smith, 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: Rheotherapycenters of Tampa Bay
Corporation

1b. Date of incorporation 5/14/97 Document number P97080045936

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

Elizabeth K. Davis

7650 Courtney Campbell Cswy., #1120, Tampa, FL 33607

3. The name and address of the new registered agent and office:

(P.O. Box Not Acceptable)

Thomas P. McNamara

2909 Bay to Bay Blvd., Ste. 309, Tampa, FL 33629

The street address of its registered agent 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.

Ray Gonzales
SIGNATURE
6-1-00
DATE

Ray Gonzales, President
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 [Signature]
(Registered Agent)
DATE 6/5/00

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