

P97000071565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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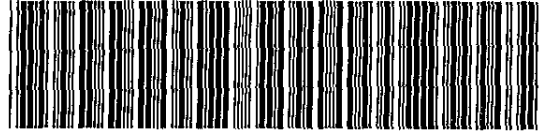
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. Ocullette NOV 14 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Independent Anesthesia Providers, Inc.

(Name of corporation)

DOCUMENT NUMBER: P97000071565

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary L. Wilkinson, Esquire

(Name of person)

(Name of firm/company)

1301 Riverplace Boulevard, Suite 1818

(Address)

Jacksonville, Florida 32207

(City/state and zip code)

For further information concerning this matter, please call:

Gary L. Wilkinson

(Name of person)

at (904) 398-1818

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Independent Anesthesia Providers, Inc.
2. The principal office address: 129 Sea Island Drive
Ponte Vedra Beach, FL 32082
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 8/18/97 Document number: P97000071565
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michael J. Korn
Suite 200, Southpoint Building
6620 Southpoint Drive, South
Jacksonville, FL 32216

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gary L. Wilkinson
1301 Riverplace Blvd., Suite 1818
(P.O. Box or personal mailbox NOT acceptable)
Jacksonville, FL 32207

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

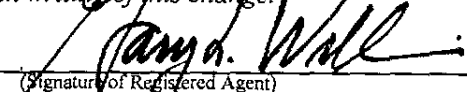
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

ALAN ANDERSCH VP
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

11/4/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314