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11/25/97 FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: SALLEY, FEINBERG & HAMES, P.A. ACCT#: 072100000223

CONTACT: MS. ROSE MARIE WALLACE

PHONE: (407)426-2360 FAX #: (407)426-2361

NAME: SWEETWATER MEDICAL OF NORTH FLORIDA, INC.

AUDIT NUMBER.....H97000019581

DOC TYPE.....REGISTERED AGENT CHANGE

CERT. OF STATUS..0 PAGES..... 1

CERT. COPIES.....0 DEL.METHOD.. FAX

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** ENTER 'M' FOR MENU. **

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TALLAHASSEE, FLORIDA

R.A. change

JW 11/25

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 25, 1997

SWEETWATER MEDICAL OF NORTH FLORIDA, INC.
2620 S.W. 17TH ROAD
SUITE 200
OCALA, FL 34474

SUBJECT: SWEETWATER MEDICAL OF NORTH FLORIDA, INC.
REF: P97000096376

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Teresa Brown
Corporate Specialist

FAX Aud. #: H97000019581
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PUBLIC ACCESS SYSTEM

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Fax Audit No.: H97000019581

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: SWEETWATER MEDICAL OF NORTH FLORIDA, INC.

1b. The mailing address of the corporation is : 2620 S.W. 17th Road, Suite 200
Ocala, Florida 34474

1c. Date of incorporation: 11/12/97 Document number: P97000096376

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

RUSSELL P. HINTZE
390 North Orange Avenue, Suite 2500
Orlando, FL 32801

3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)

CLEVELAND D. WEST
2620 S.W. 17th Road, Suite 200
Ocala, FL 34474

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) — 11/24/97 (Date)

CLEVELAND D. WEST - 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) — 11/24/97 (Date)

If signing on behalf of an entity:

CLEVELAND D. WEST
(Typed or Printed Name)

President
(Capacity)

Russell P. Hintze, Esq.
P.O.Box 3829, Orlando, FL 32801
FL.Bar No.: 0716839 (407) 426-2360

Fax Audit No: H97000019581