

P97000101696

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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December 19, 2001

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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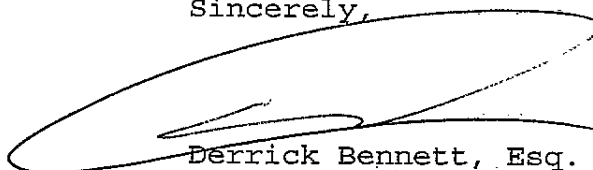
RE: Primary Care Center, P.A.

Dear Ms. Harris:

Enclosed is a Statement of Change of Registered Office or
Registered Agent along with a check for \$35.00 for the filing fee.

If you have any questions, please do not hesitate to call.

Sincerely,



Derrick Bennett, Esq.

DB/cb

Enclosures

RA Chg.

V SHEPARD JAN 9 2002

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 : PRIMARY CARE CENTER, P.A.

2. The mailing address of the corporation : 514 FLORIDA AVE., LYNN HAVEN, FL 32444

3. Date of incorporation/qualification: 12/01/1997 Document number: P97000101696

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

RICHARD ALBRITTON, JR.

1042 JENKS AVENUE

PANAMA CITY, FL 32401

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

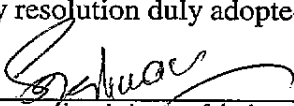
DERRICK BENNETT

112 EAST THIRD COURT

PANAMA CITY, FL 32401

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.

X 
(Signature of an officer, chairman or vice chairman of the board)

Nov 21-01
(Date)

SAIF U. BAHMAN (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)

11-21-01
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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