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May 11, 2000

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

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Dear Sirs:

I enclose herewith a Statement of Change of Registered Agent or Registered Office for each of the following entities, together with corresponding checks for the same:

Royal Palm Center Associates, Ltd. 2. Tower Center Associates, Ltd. 3. Pine Ridge Associates, Ltd. 4. Pine Ridge Associates II, Ltd. 5. Fisherman's Landing Associates, Ltd. 6. DuBow Family Foundation, Inc. 7. Cypress Cove at Pelican Bay, Inc. 8. St. Johns Veterinary Clinic, Inc. 9. Silver's Bar & Package Store, Inc. 10. Laine Homes, Inc. 11. RanJoy Enterprise, Inc. 12. Acon Construction Co., Inc. J.V.C. Security Consultants, Inc. 13. 14. Butensky & Cohen Properties, Ltd. 15. Butensky & Cohen Financial Security, Inc. 16. Butensky & Cohen, Inc. 17. PanMasters, Inc. 18. Jacksonville Critical Care Associates, P.A. 19. Integrated Web Solutions, Inc. 20. Digital Transformations Technologies, Inc. 21. Mustang Imaging, Inc. 22. Lucid Media, Inc. 23. S.W. Imaging, L.L.C.

Very truly yours,

Ansbacher & Schneider, P.A.

Michael N. Schneider

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MNS/lj Encl. 00-112.32

## 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 $Florido$
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 is: Jacksonville Critical Care Associates, P.A.
2. The mailing address of the corporation is: P.D. 551260
Uacksonville, FC 32255
3. Date of incorporation/qualification: 3/3/98 Document number: P980000/9840
4. The name and address of the current registered agent and office:
Michael N. Schneider
4215 Southpoint Blvd. # 100 = 8
Nacksonville, FL 32211. FS -
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Michael N. Schneider
5150 Belfort Road Bldg 100 Fig =
Jacksonville, FL 32255
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.
and solve
(Signature of an officer, chairman or vice chairman of the board) (Date)
Kasra Nabizaden 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.
MM1-4M (Signature of Registered Agent)
(Signature of Registered Agent) (Date)  If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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