LAW OFFICE OF JOSHUA G. GERSTIN 1515 N. FEDERAL HIGHWAY, SUITE 300

BOCA RATON, FL 33432 TELEPHONE: (561) 750-3456

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-12/29/98--01025--004

******35.00 *****35.00

MEMBER

∗Florida Bar *New York Bar *New Jersey Bar

December 14, 1998

Florida Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Sent via Certified Mail: z543 563 176

Dear Sir/Madame:

Kindly, please file the enclosed "change of registered agent" for Apple Medical, Inc. and STAT Managed Care Program, Inc. These are two separate companies. Two checks in the amount of \$35.00 each are enclosed to cover the filing fee(s). Thank you for your time, if you have any question please feel free to call me.

Sincerely,

Law Office of Joshua G. Gerstin

JAN 4 1 1999

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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 is STAT Manager Case Program, Inc. 450,
The state of the s
2. The mailing address of the composition is: PO BOX 1279
DeerField Beach, FL 33443
3. Date of incorporation/quality ion: March 3 1997 Document number: 1984 000 1/6
4. The name and address of the count registered agent and office:
Amerilawyer, Inc/Spiegy & Utresa, P.A.
343 Almeria Ave
Cocal Fubles. FL 33134
5. The name and address of the rese registered agent and office: (P. O. Box Not Acceptable)
Law Office Of Joshua G. Gerson
Joshua G. Gerstings9 - 1516 N. Federal Hishway, Juik 30
BOCA Paton, FL 33432
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 Asolution duly adopted by its board of directors or by an officer so authorized by the board.
/C:
(Signature of an officer, charman or vice chairman of the board) (Date)
(Printed on ped name and title) (Date)
Having been named as register 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 some familiar with and accept the obligation of my position as registered agent.
John Green Region Agenty (Date)
If signing on behalf of an entity:
(Typed or Printed Section (Capacity)
CR2E045(4/95) FILING FEE: \$35.00