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December 16, 1999

Richard Shapack 0+ of Counsel

- Also admitted in Michigan
- + Also admitted in New York
- Also admitted in Kentucky
- Also admitted in New Jersey
- † Board Certified Tax Attorney

da Durgan

Corporate Records Bureau Division of Corporations 409 East Gaines Street Post Office Box 6327 Tallahassee, Florida 32399

400003074964;;-8: -12/20/99--01073--011 ****105.00 *****35.00_

Re:

Naples Health Net, Inc.

Corey L. Howard, M.D., P.A.

Advanced Dermatology & Skin Surgery Specialists, P.A.

Our File Number: 4275.001

Dear Sir or Madam:

Enclosed you will find a Statement of Change of Registered Office or Registered Agent or Both for the above-referenced corporations. Also, enclosed you will find our client's check number 3016 in the sum of \$105.00 which sum represents your fee for filing these documents.

Please file these documents in your usual manner and return to me some verification that the same has been done. Thank you for your attention and consideration.

Very truly yours,

TREISER, KOBZA & LIEBERFARB, CHTD.

Leslie L. Browning, Paralegal

For The Firm

e-mail-llbrowning@tkvnaples.com

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Enclosures

P:\Clients Transactions\Naples Health Net 4275.001\Corporate\Letter To Secretary Of State Trans Statements Of Change

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	the provisions of sections 607.0502, 617.0502, 607.1508, one and corporation organized under the laws of the State of $_{ m Fl}$	
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: Naples Health Net, Inc.		
2. The mailing	g address of the corporation is: 1000 Goodlette Road	, Naples, Florida 34102
3. Date of inc	corporation/qualification: June 7, 1999 Documen	t number: P9900053337
4. The name a	and address of the current registered agent and office:	
	Corey L. Howard, M.D.	99
	1168 Goodlette Road	99 DEC 20
5. The name a	Naples, Florida 34102 and address of the new registered agent and office: (P. O. Bo	ox Not Acceptable)
	Corey L. Howard, M.D.	
	1000 Goodlette Road	
	Naples, Florida 34102	
The street add	dress of its registered office and the street address of the bunged, will be identical.	usiness office of its registered
Such change authorized by	was authorized by resolution duly adopted by its board of or the board.	directors or by an officer so
(Signatur Corev L	L. Howard, M.D., President (Printed or typed name and title)	(Date)
Having been is corporation, I further agree performance registered agreement to the corey L. If signing on better the corey L.	named as registered agent and to accept service of process. I hereby accept the appointment as registered agent and a ee to comply with the provisions of all statutes relative to the offmy duties, and I am familiar with and accept the obligation. (Signifiant of Registered Agent) (Howard, M.D.	s for the above stated gree to act in this capacity. he proper and complete tion of my position as
	(Typed or Printed Name)	(Capacity)
	* * * FILING FEE: \$35.00 * * *	

CR2E045(7/97)