

ACCOUNT NO.

072100000032

REFERENCE

499575

4390339

AUTHORIZATION

COST LIMIT

ORDER DATE: August 18, 1997

ORDER TIME : 10:56 AM

ORDER NO. : 499575

CUSTOMER NO:

4390339

000002274900--6

CUSTOMER: Ms. Fran Soldo

Medpartners, Inc. 3000 Riverchase

Galleria Tower / Ste. 1000

Birmingham, AL 35244

CHANGE OF AGENT

NAME:

INPHYNET ADMINISTRATIVE

SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY __ PLAIN STAMPED COPY

CONTACT PERSON: Susana Romagosa

Florida Department of State, Jim Smith, 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 submits the following statement in order to change its registered office			
or registered agent, or both, in the State Florida.			
1a. The name of the corporation is: INPHYNET ADMINISTRATIVE SERVICES, INC.			
1b. Date of incorporation: 08/26/9	2	Document number_	V60243
2. The name and address of the current registered agent and office: c t corporation system			
1200 SO. PINE ISLAND DRIVE PLA	NTATION	FL	33324
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)			
CORPORATION SERVICE COMPANY		_	<u> </u>
1201 Hays Street, Tallahassee, Florida 32301			22
The street address of its registered agent 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.			
\mathcal{A}		racy P. Thrasher	
SIGNATURE		ice President and S	
August 13 1992		yped or printed name and	d title
DATE			
HAVING BEEN NAMED AS REGISTERI PROCESS FOR THE ABOVE STATED IN THIS CERTIFICATE, I HEREBY ACC AGENT AND AGREE TO ACT IN THIS WITH THE PROVISIONS OF ALL STATELETE PERFORMANCE OF MY DUTIES THE OBLIGATION OF MY POSITION A	CORPORATED THE TOTAL COMPONING THE PROPERTY OF	FION AT THE PLACE DESAPPOINTMENT AS REGISM. I FURTHER AGREE TO ATIVE TO THE PROPER M FAMILIAR WITH AND ERED AGENT. CORPORATION SERVICE OF THE SKIPPER AGENTAL	SIGNATED STERED D COMPLY AND COM- D ACCEPT
	DATE _	8-15-	-97