

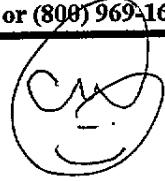
# F94000005675

**CORPORATE  
ACCESS,  
INC.**

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN  
PICK UP 3/5/98



CERTIFIED COPY

CUS

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FILING

*Amend. R.A. Change*

1.) HealthCorp of Tennessee, Inc.  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

6.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

7.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

8.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

9.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

10.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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-03/05/98-01014-007  
\*\*\*\*\*.00 \*\*\*\*\*35.00

FILED  
98 MAR -5 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*3/5*  
*John R.A. Change*  
RECEIVED  
98 MAR -5 AM 9:57  
DIVISION OF CORPORATION

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 Tennessee 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: HealthCorp of Tennessee, Inc.

2. The mailing address of the corporation is: 735 Broad Street, Suite 900, James Building, Chattanooga, Tennessee 37402

3. Date of incorporation/qualification: June 5, 1992 Document number: F94000005675

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

Capital Connection, Inc. Resigned 1/21/98
417 E. Virginia St., Suite 1
Tallahassee, FL 32301

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

NRAI Services, Inc.
526 East Park Avenue
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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

2-1-98
(Date)

Roger W. Glass, President
(Printed or typed name and title)

2-1-98
(Date)

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]
(Signature of Registered Agent)

3-3-98
(Date)

If signing on behalf of an entity:

DOUGLAS W. JUNKER
(Typed or Printed Name)

ASSISTANT SECRETARY
(Capacity)

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