

## Statement of Change statement of Registered Office or Registered Agent or Both

4 P	Y OF		· · · · · ·			(See	inst	ructions on bac	k before	completing	LL.	
חנ		visions of the lov ts the following s of lowa:										
۱.	The name of th	e corporation is	Madison	Can	~+4	medica	L	Associates	, Đ <u>c</u> .	Ş	530901253B	
		the registered of						s of the secreta	v of Stat	20		
	60 Ca	urt	Winter	set			I	A	JF S	\$0273 N. Zip	<u> </u>	
	Street		City					State	TATE	ΣΣīb		
3.		the new register			oration	is	<u>//\</u>		507-1	- 12		
	Street		City					State		Zip		
4.	C. Leon	Beckley							of state		_	
5.	The name of th	ne new registered	agent is	Kesi	<u>~ \</u>	1, de	R	egnier ]	<u>&gt;o.</u>		_	
5.	The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.											
7.	(Applies to nonprofit corporations only) This change was authorized by resolution duly adopted by the Board of Directors.											
8. Signature									·			
	Type or print n	ame and title				-					,	
9.	(Applies to profit corporations only) The undersigned consents to be appointed registered agent for the corporation named in this statement, pursuant to section 502 or 1508 of the Iowa Business Corporation Act.										_	
	Name of new agent Kesin Ade Re					anier cho				Compared		
	Signature	Kolo			<b>3</b>				FILED	0. 865	<u></u>	
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	70	Œ	) Secre		W at	A	_	t No. R152932	RE	Y E.WEL CORDER H COUNTY.	3	
635	-0119	496CDP-103253 MADISON COUNTY C/O KEVIN V DE 60 COURT ST	MEDICAL ASSO REGNIER BO				<b>A</b>	<b></b> 2	S. J. M.C.	Fee \$	5.00	
	TYRUM.	WINTERSET IA 50		edgment (	OF DOC	UMENT FILE	ED .		MCAY			
	Ž.	The secretary o from the filing Application	party named	above:		-		owing document red Agent, or	Carry			
	7	Both  The document wa	s filed on M	av 29.	1990.	at 14:41.		- '	5			
	AURON ACAVA	No filing fee w		ay 29,	1990,	·	•		A MCA M			
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