

Commonwealth of Kentucky
Trey Grayson
Secretary of State

Statement of Change of Registered Office, Agent, or Both

Pursuant to the provisions of Chapters 271B or 273 of the Kentucky Revised Statutes, the undersigned hereby applies to change the registered office or registered agent, or both on behalf of

MEDIFEM HEALTH, P.S.C.

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Name of current registered agent

JEFFREY D. GLAZER, M.D.

2. Registered agent is hereby changed to

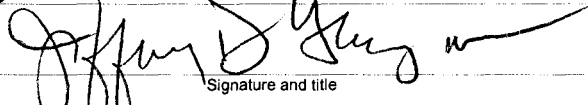
3. Address of current registered office

250 E. LIBERTY ST., STE. 510
LOUISVILLE, KY 40202

4. Registered office is hereby changed to

250 E. Liberty St., Ste 310
Louisville, KY 40202

5. Signature of officer or chairman of the board


Signature and title
Jeffrey D. Glazer, M.D.
Type or print name and title
Date 4-13-04

6. Consent of new agent

I consent to serve as the new registered agent on behalf of this corporation.

Signature of registered agent

Type or print name and title, if applicable