A98000004476

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 731218 87551A

MJR

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 105.00

ORDER DATE : June 14, 2000

ORDER TIME : 2:09 PM

ORDER NO. : 731218-005

300003289863--4

CUSTOMER NO: 87551A

CUSTOMER: Joan V. Dalie, Legal Asst
Lawrence B. Juran, Pa
17th Floor
222 Lakeview Avenue
West Palm Beach, FL 33401

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 14 PM 4:22

DOMESTIC AMENDMENT FILING

A98-476

NAME: CHULA VISTA MEDICAL PLAZA INVESTORS, LTD.

EFFICTIVE DATE:

XX ARTICLES OF AMENDMENT
_____ RESTATED ARTICLES OF INCORPORATION

RECEIVED
00 JUN 14 PM 3:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF
CHULA VISTA MEDICAL PLAZA INVESTORS, LTD.

Pursuant to the provisions of Section 620.109, Florida Statutes, this Florida limited partnership, whose Certificate was filed with the Florida Department of State on February 20, 1998, adopts the following Certificate of Amendment to its Certificate of Limited Partnership:

FIRST: Article 1 is hereby amended to change the name of the partnership to "**Chula Vista Medical Plaza Investors Limited Partnership**".

SECOND: This Certificate of Amendment shall be effective at the time of its filing with the Department of State.

CHULA VISTA MEDICAL PLAZA EQUITY INVESTORS, LTD., a Florida limited partnership, general partner

BY: CHULA VISTA MEDICAL PLAZA EQUITY CORPORATION, a Florida corporation, general partner

By: _____
Patrick J. DiSalvo
Vice President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 14 PM 4:22

STATE OF FLORIDA)
) ss:
COUNTY OF PALM BEACH)

I HEREBY CERTIFY that on this 13th day of June, 2000, before me, personally appeared Patrick J. DiSalvo, the Vice President of Chula Vista Medical Plaza Equity Corporation, a Florida corporation, to me known to be the person described in and who executed the foregoing instrument. He/she acknowledged before me that he/she executed the same on behalf of said partnership. He/she is ☑ personally known to me or ☐ has produced _____ as identification.

Jacqueline M. Ruszenas
MY COMMISSION # CC627707 EXPIRES
April 16, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

Jacqueline M. Ruszenas
NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires: