

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8370 • 1-800-322-6062 Fax (850) 224-1722

S99072

*Medical Consultants of
Duval, P.A.*

FILED
01 JAN -3 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****43.75 *****43.75

- Art of Inc. File *Name Change Amend*
- LTD Partnership File
- Foreign Corp. File
- L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File *Certs*
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- Cert. Copy *Certs*
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record *DR*
- UCC 1 or 3 File *1/4/01*
- UCC 11 Search
- UCC 11 Retrieval
- Courier

DIVISION OF CORPORATIONS
01 JAN -3 PM 4:07

Signature _____

Requested by: *LM* *1/3* *3:57*
Name Date Time

Walk-In _____ Will Pick Up _____

CERTIFICATE AS TO AMENDMENT OF
ARTICLES OF INCORPORATION OF
MEDICAL CONSULTANTS OF DUVAL, P.A.

FILED
01 JAN -3 PM 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, John M. Moorhead, do hereby certify that I am President and Secretary of Medical Consultants of Duval, P.A., a Florida professional service corporation. I further certify that the following resolution relating to the amendment of the Articles of Incorporation of said corporation was unanimously approved and adopted by the stockholders and directors of said corporation by unanimous written consent duly executed on December 13th, 2000:

BE IT RESOLVED, that, effective on January 1, 2001, ARTICLE I of the Articles of Incorporation of this corporation shall be amended to read as follows:

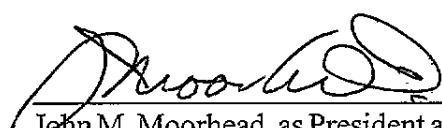
"ARTICLE I. NAME AND PLACE OF BUSINESS

The name and mailing address of this corporation shall be Medical Consulting Services of Northeast Florida, P.A., 104 S. Nine Lake Circle, Ponte Vedra Beach, Florida 32082."

I do further certify that the number of votes cast for this amendment by the directors and each shareholder voting group was sufficient for approval.

IN WITNESS WHEREOF, I have executed this certificate as President and Secretary of Medical Consultants of Duval, P.A., a Florida professional service corporation, and have caused the

same to be sealed with the corporate seal this 13th day of December, 2000, effective as of January 1, 2001.




John M. Moorhead, as President and Secretary
of Medical Consultants of Duval, P.A.

STATE OF FLORIDA
COUNTY OF Duval

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared John M. Moorhead, who is personally known to me or who has produced _____ as identification, and who executed the foregoing certificate as President and Secretary of Medical Consultants of Duval, P.A., the corporation named therein, and who personally acknowledged to and before me that he executed the same in such capacities as the act and deed of said corporation.

WITNESS my hand and official seal in said County and State this 13th day of December, 2000.



Signature of Notary Public
FAITH C. CRUMP

Printed Name of Notary Public
Notary Public, State of Florida
My commission expires: 1/15/2002
(Notarial Seal)

 **FAITH C. CRUMP**
COMMISSION # CC 708589
EXPIRES JAN 15, 2002
BONDED THRU
ATLANTIC BONDING CO., INC.