

601479

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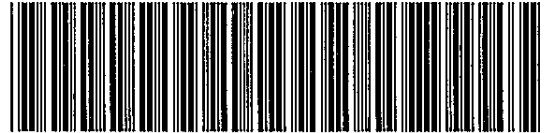
(Business Entity Name)

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07/22/03--01007--004 \*\*61.25

DEPARTMENT OF STATE SECRETARY OF STATE  
DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

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*Amend + N.C.*

C. Oullietto JUL 22 2003

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Tricia Tadlock

DATE: 7-21-03

REF. #: 1086.17956

CORP. NAME: Drs. Brodsky and Wheatman  
Professional Association

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                            | <input type="checkbox"/> UCC-3                   |
| <input type="checkbox"/> OTHER: _____                |   |  |

STATE FEES PREPAID WITH CHECK# 505801 FOR \$ 61.25

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN: (Need two)  
 CERTIFIED COPY  CERTIFICATE OF GOOD STANDING  PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS Reflecting name change

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION**

**DRS. BRODSKY AND WHEATMAN PROFESSIONAL ASSOCIATION**

*Pursuant to the provisions of Section 607.1006, Florida Statutes, the undersigned constituting the sole Shareholder and sole Director of DRS. BRODSKY AND WHEATMAN PROFESSIONAL ASSOCIATION (the "Corporation") does hereby consent to and approve the following actions:*

**FIRST:**     Amendment to Article I - Corporate Name

The name of this Corporation shall be changed to LAWRENCE  
WHEATMAN, M.D., P.A.

Amendment to Article IV - Resident Agent and Initial Post Office Address

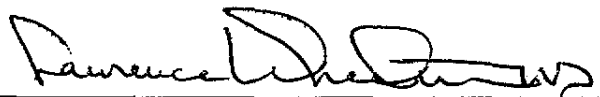
The Post Office Address shall be changed to:

9000 Professional Centre  
9000 SW 87<sup>th</sup> Court, Suite 209  
Miami, FL 33176

**SECOND:**    These amendments shall be adopted as of July 1, 2003.

**THIRD:**     These amendments were adopted by the Director without Shareholder action and Shareholder action was not required.

Signed this   1   day of   July  , 2003.



Lawrence Wheatman, M.D.  
Director