

604932



James M. Shuta
Attorney At Law

May 16, 2002

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-05/28/02--01063--006
*****43.75 *****43.75

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
409 East Gaines Street
Tallahassee, Florida 32301

RE: AGIA, MALLIS & PAUTLER, M.D.'S, P.A.

Gentle(wo)men:

Enclosed is the original and one copy of the Articles of Amendment of the subject corporation.

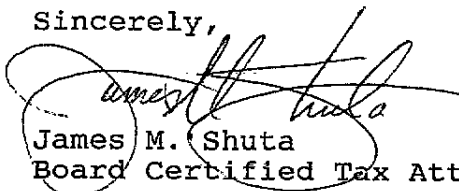
Also enclosed is a check in the amount of \$43.75 for the following:

Corporate Filing Fee	\$35.00
Certified Copy	\$ 8.75

Please return the certified copy of the Articles of Amendment to me after recording.

Thank you for your continued assistance.

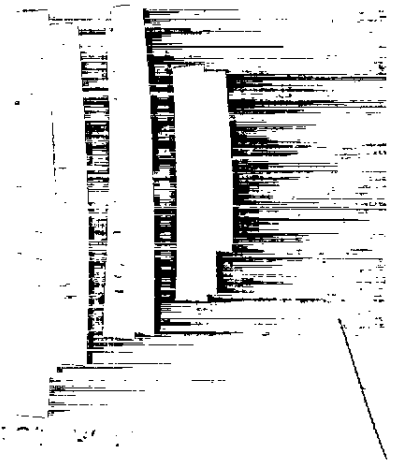
Sincerely,



James M. Shuta
Board Certified Tax Attorney

Enclosures

FILED
02 MAY 28 PM 12:09
TALLAHASSEE, FLORIDA



PS 5/30/02
NC

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION OF
AGIA, MALLIS & PAUTLER, M.D.'S, P.A.

Pursuant to the provisions of Section 607.1006 of the Florida Business Corporation Act, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is:

AGIA, MALLIS & PAUTLER, M.D.'S, P.A.
2. The document number of the corporation is 604932.
3. The name of the corporation is changed to be:

MALLIS, PAUTLER, COHEN AND BILLIRIS, M.D.'S, P.A.
4. The amendments were adopted on the 16th day of May, 2002.
5. The number of votes cast for the amendment by the shareholders was sufficient for approval in accordance with Fl. Stats. 607.1006.

IN WITNESS WHEREOF, the duly authorized officer has hereunto set his hand this 16 day of May, 2002.

WITNESSES:

[Signature]
Sign Name

Pamela J. Pautler
Print Name

[Signature]
Sign Name

KIMING K. BILLIRIS
Print Name

[Signature]
Steven M. Cohen, M.D.
President

CLERK OF STATE
TALLAHASSEE, FLORIDA

02 MAY 28 PM 12:09

FILED

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

I HEREBY CERTIFY that on the 16 day of May, 2002, the foregoing was acknowledged before me by Steven M. Cohen, M.D. (☒) who is personally known to me or (☐) who produced _____ as identification and who (☐) did or (☒) did not take an oath.



James M. Shuta
MY COMMISSION # DD102628 EXPIRES
March 24, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

[Signature]
Notary Public, State of Florida

JAMES M. SHUTA
(Printed Name)

My Commission Expires: _____

Commission No. _____