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December 1, 1997

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

700002361777--5

-12/03/97--01037--002

*****35.00 *****35.00

Dear Sirs:

Enclosed for filing please find Articles of Amendment to the Articles of Incorporation of Shaik A. Khuddus, M.D. and Ahmad Rashid, M.D., P.A.

We would appreciate your hand filing the Articles of Amendment to Articles of Incorporation of Shaik A. Khuddus, M.D. and Ahmad Rashid, M.D., P.A. and returning the filing acknowledgement to my attention. Our check made payable to the Division of Corporations in the amount of \$35.00 is enclosed for the filing fees.

Please bill us for your services in this matter.

Sincerely,

B R

Bruce R. Abernethy, Jr.

BRA/jlb
Enclosures

FILED

97 DEC -3 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/C Amend

Dec 12/9

**ARTICLES OF AMENDMENT TO THE ARTICLES OF
INCORPORATION OF
SHAIK A. KHUDDUS, M.D. AND AHMAD RASHID, M.D., P.A.**

FILED
97 DEC -3 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Shaik A. Khuddus, M.D. and Ahmad Rashid, M.D., P.A.

2. The text of each of the amendments is as follows:

A. Article One ("Name") is amended to reflect the following new name of the Corporation: AHMAD RASHID, M.D., P.A.

3. Except as modified hereby, the Articles of Incorporation of the Corporation shall remain in full force and effect.

4. The amendment set forth herein was adopted by the Corporation on the 1st day of December, 1997.

5. The amendments set forth herein were duly approved by the shareholders on the 1st day of December, 1997, in accordance with Section 607.1006.

DATED this 1st day of December, 1997.


SHAIK A. KHUDDUS, M.D. AND AHMAD
RASHID, M.D., P.A.

By: Ahmad Rashid
Ahmad Rashid, M.D., President,
Sole Shareholder and Sole Director

STATE OF FLORIDA
COUNTY OF ST. LUCIE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared AHMAD RASHID, who is known to be the President and Secretary of SHAIK A. KHUDDUS, M.D. AND AHMAD RASHID, M.D., P.A. He is personally known to me or have produced a valid Florida Drivers License as identification and did take an oath, and he executed the foregoing instrument and acknowledged to and before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 1st day of ~~November~~, 1997.
December



NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE.

Bruce R. Abernethy Jr.

PRINTED NAME OF NOTARY

MY COMMISSION EXPIRES: _____



BRUCE R. ABERNETHY, JR.
MY COMMISSION # CC452300 EXPIRES
July 18, 1999
BONDED THRU TROY FAIR INSURANCE, INC.