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SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -1 PM 12:24

Requester's Name

JMS

James M. Shuta

PO Box 48698
City St Petersburg FL one #
33743-8698

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #) 000003233320--5
-05/01/00--01123--004
*****43.75 *****43.75
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time _____ Certified Copy
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NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Amend. & N/C

V. SHEPARD MAY 15 2000

Examiner's Initials

ARTICLES OF AMENDMENT

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:
WOELFEL & HART, M.D.'S, P.A.
2. The address of the Corporation is:
250 S. Tamiami Trail, Suite 201
Venice, FL 34285
3. The name of the resigning Officer and Director is:
ROBERT L. WOELFEL, M.D.
4. It was proposed by the Board of Directors that the name of the Corporation be changed to: MELINDA BETH HART, M.D., P.A.
5. The number of votes cast for the amendment by the Shareholders was sufficient for approval; all pursuant to Florida Statutes 607.1006.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY - 1 PH12-24

THIS AMENDMENT WAS ADOPTED on this 17th day of April, 2000 by the sole remaining Director, Officer and Shareholder of this Corporation.

Melinda Beth Hart
MELINDA BETH HART, M.D.
Director, Officer and Shareholder

STATE OF FLORIDA
COUNTY OF SARASOTA

I HEREBY CERTIFY that on the 17 day of April, 2000, the foregoing was acknowledged before me by MELINDA BETH HART, M.D., () who is personally known to me or () who produced _____ as identification and who () did or () did not take an oath.

Linda G. Smith
Notary Public, State of Florida

Linda G. Smith
(Printed Name)

My Commission Expires:
Commission No. _____

LINDA G. SMITH
Notary Public - State of Florida
My Commission Expires Sep 26, 2001
Commission # CC671245