



THE UNITED STATES
CORPORATION
COMPANY

A98000000475

ACCOUNT NO. : 072100000032

REFERENCE : 731218 87551A

AUTHORIZATION :

Patricia Pijet

COST LIMIT : \$ 105.00

MJH

ORDER DATE : June 14, 2000

ORDER TIME : 2:11 PM

ORDER NO. : 731218-010

600003289866--4

CUSTOMER NO: 87551A

CUSTOMER: Joan V. Dalie, Legal Asst
Lawrence B. Juran, Pa
17th Floor
222 Lakeview Avenue
West Palm Beach, FL 33401

DOMESTIC AMENDMENT FILING

A98-475

NAME: CHULA VISTA MEDICAL PLAZA
EQUITY INVESTORS, LTD.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 14 PM 4:17

RECEIVED
00 JUN 14 PM 3:11
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF
CHULA VISTA MEDICAL PLAZA EQUITY INVESTORS, LTD.**


Pursuant to the provisions of Section 620.109, Florida Statutes, this Florida limited partnership, whose Certificate was filed with the Florida Department of State on February 20, 1998, adopts the following Certificate of Amendment to its Certificate of Limited Partnership:

FIRST: Article 1 is hereby amended to change the name of the partnership to **"Chula Vista Medical Plaza Equity Investors Limited Partnership"**.

SECOND: This Certificate of Amendment shall be effective at the time of its filing with the Department of State.

CHULA VISTA MEDICAL PLAZA EQUITY
CORPORATION, a Florida corporation, general
partner

By:


Patrick J. DiSalvo
Vice President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 14 PM 4:17

STATE OF FLORIDA)

) ss:

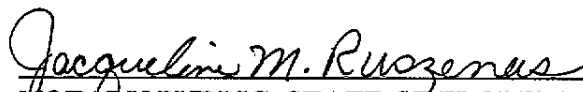
COUNTY OF PALM BEACH)

I HEREBY CERTIFY that on this 13th day of June, 2000, before me, personally appeared Patrick J. DiSalvo, the Vice President of Chula Vista Medical Plaza Equity Corporation, a Florida corporation, to me known to be the person described in and who executed the foregoing instrument. He/she acknowledged before me that he/she executed the same on behalf of said partnership. He/she is ☒ personally known to me or ☐ has produced _____ as identification.



Jacqueline M. Ruszenas
MY COMMISSION # CC627707 EXPIRES
April 16, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

My Commission Expires:


NOTARY PUBLIC, STATE OF FLORIDA