



F49357

ACCOUNT NO. : 072100000032

REFERENCE : 355722 6471A

AUTHORIZATION :

COST LIMIT : \$ 87.50

ORDER DATE : May 6, 1997

ORDER TIME : 10:40 AM

ORDER NO. : 355722-005

CUSTOMER NO: 6471A

CUSTOMER: James B. Bogner, Esq  
Mateer & Harbert, P.a.  
P. O. Box 2854

Orlando, FL 32802-2854

DOMESTIC AMENDMENT FILING

NAME: WINTER PARK PHYSICAL THERAPY,  
INC.

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: Tonya C. Holliday

EXAMINER'S INITIALS: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 MAY 16 AM 11:45

RECEIVED  
97 MAY -6 AM 11:38  
DIVISION OF CORPORATION

NS  
B

ARTICLES OF AMENDMENT  
TO  
WINTER PARK PHYSICAL THERAPY, INC.

FILED  
97 MAY -6 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Article 607.1001, Florida Statutes, the Articles of Incorporation of the above-named Corporation are amended as follows:

1. Article I is amended to read as follows:

The name of this corporation is **HealthNet Occupational Health Services, Inc.**

2. The above amendment has been adopted by the board of directors of the Corporation and the shareholders entitled to vote thereon, by a vote sufficient for approval, at a special meeting of the board of directors and shareholders held January 30, 1997, pursuant to Section 607.1003, as required by the laws of the State of Florida.

IN WITNESS WHEREOF, the undersigned President of the Corporation has executed these Articles of Amendment this 31 day of January, 1997.

Witnesses:

John E. Dignan  
Lynda D. Ross

Winter Park Physical Therapy, Inc.

By: John W. Hillenmeyer  
John W. Hillenmeyer, President

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me on January 31, 1997, by John W. Hillenmeyer, as President of Winter Park Physical Therapy, Inc., a Florida corporation, on behalf of the corporation. He is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification.

Sharon M. Hoffman  
Name: Sharon M. Hoffman  
(Print Name)

(AFFIX NOTARY SEAL)

Notary Public - State of Florida



SHARON M. HOFFMAN  
My Commission CC424298  
Expires Dec. 04, 1998  
Bonded by HAI  
800-422-1555

My Commission Expires:

12/04/98