

**O.H.S.**  
OPTIMUM HEALTH SERVICES

April 16, 1998

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Doc # F97000004010; Name Change filing

500002493715--8  
-04/20/98 -01068--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

To whom it may concern:

I have enclosed the following items to effect a name change for the above referenced corporation:

- 1) An application to change the name **from** COMPLETE WELLNESS INDEPENDENT PHYSICIAN ASSOCIATION, INC., **to** OPTIMUM HEALTH SERVICES, INC.
- 2) An original certificate from the State of Delaware evidencing the name change in the state of incorporation.
- 3) Check #1132 for \$35.00 (filing fee).

If there is no charge, please send me evidence confirming the filing, to:

Optimum Health Services, Inc.  
17757 U.S. Hwy 19 N., Suite 350  
Clearwater, FL 33764

If there are any questions, I may be reached at (813) 536-9956.

Sincerely,

*David A. Sherwin*  
David A. Sherwin  
VP of Finance

APPROVED  
AND  
FILED  
98 APR 20 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Per Susan*  
*F97000004010*  
*BP8*  
*4-20-98*  
*NC*  
*W*



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 27, 1998

OPTIMUM HEALTH SERVICES, INC.  
17757 U.S. HWY. 19 N., SUITE 350  
CLEARWATER, FL 33764

SUBJECT: COMPLETE WELLNESS INDEPENDENT PHYSICIAN  
ASSOCIATION, INC.  
Ref. Number: F97000004010

We have received your document for COMPLETE WELLNESS INDEPENDENT PHYSICIAN ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain  
Corporate Specialist

Letter Number: 698A00022547



April 30, 1998

Division of Corporations  
Carol Mustain  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Ref # F97000004010

Dear Carol:

Per our phone discussion today, I am resubmitting the original paperwork to effectuate the name change from Complete Wellness Independent Physician Association, Inc. to Optimum Health Services, Inc.

I am aware that your records reflect a similar existing name of Optimum Health Services of Florida, Inc. That is a related entity to us.

Please call me at (813) 536-9956 if there are any questions.

Sincerely,

David A. Sherwin  
V.P. of Finance

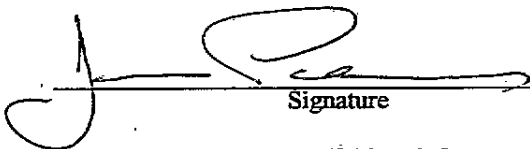
**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

1. COMPLETE WELLNESS INDEPENDENT PHYSICIAN ASSOCIATION, INC.  
Name of corporation as it appears on the records of the Department of State.
2. STATE OF DELAWARE 3. JULY 31, 1997  
Incorporated under laws of Date authorized to do business in Florida

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? FEBRUARY 17, 1998
5. OPTIMUM HEALTH SERVICES, INC.  
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.
6. If the amendment changes the period of duration, indicate new period of duration.
- N/A  
New Duration
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
- N/A  
New Jurisdiction

  
Signature

4/16/98  
Date

JASON PATCHEN  
Typed or printed name

PRESIDENT  
Title

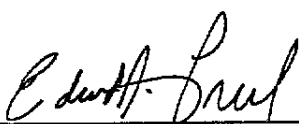
APPROVED  
AND  
FILED  
98 APR 20 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*State of Delaware*  
*Office of the Secretary of State* PAGE 1

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "COMPLETE WELLNESS INDEPENDENT PHYSICIAN ASSOCIATION, INC.", CHANGING ITS NAME FROM "COMPLETE WELLNESS INDEPENDENT PHYSICIAN ASSOCIATION, INC." TO "OPTIMUM HEALTH SERVICES, INC.", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 1998, AT 12 O'CLOCK P.M.



  
Edward J. Freel, Secretary of State

2754633 8100

981133505

AUTHENTICATION: 9020116

DATE: 04-09-98