

Harbor Towne
11 A. Max Brewer Parkway
Titusville, Florida 32796

P. O. Box 6447 Titusville, Florida 32782-6447 (407) 264-0334 Fax: (407) 269-6840

February 8, 2000

100003131821--4 -02/10/00--01104--021 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32301

Re:

Articles of Amendment

Hematology and Oncology Consultants of Brevard - Levine, Zimm and

Sprawls, M.D., P.A. Name Change to

Hematology and Oncology Consultants of Brevard - Levine, Zimm, Sprawls

and Castro, M.D., P.A.

## Dear Sir/Madam:

Enclosed find an original and one copy of Articles of Amendment, together with check in the sum of \$35.00 to cover your filing fee for the Amendment.

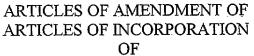
Please stamp the copy of the Amendment with the date received in your office and return to the undersigned.

Thank you for your assistance in this matter.

Very truly yours,

Harry A. Jones

HAJ/re Enc.



OO FEB 10 AM 9: 49
TALLAHASSEE, FLORIDA

HEMATOLOGY AND ONCOLOGY CONSULTANTS OF BREVARD LEVINE, ZIMM AND SPRAWLS, M.D., P.A.

HEMATOLOGY AND ONCOLOGY CONSULTANTS OF BREVARD - LEVINE, ZIMM AND SPRAWLS, M.D., P.A., a corporation, under its corporate seal and the hands of its President and Secretary hereby certify that:

"BE IT RESOLVED by the Board of Directors and all the Stockholders of HEMATOLOGY AND ONCOLOGY CONSULTANTS OF BREVARD - LEVINE, ZIMM AND SPRAWLS, M.D., P.A., a corporation, that said Board and Stockholders deem it advisable and hereby declare it to be advisable that the Articles of Incorporation as previously filed on August 15, 1984, be amended, changed and altered so as to read as follows:

## ARTICLE I

The name of this corporation is amended to read "HEMATOLOGY AND ONCOLOGY CONSULTANTS OF BREVARD - LEVINE, ZIMM, SPRAWLS AND CASTRO, M.D., P.A."

IN ALL OTHER RESPECTS, the Articles of Incorporation as now exists remain unchanged.

HEMATOLOGY AND ONCOLOGY CONSULTANTS OF BREVARD - LEVINE, ZIMM AND SPRAWLS, M.D., P.A.

(Corporate Seal)

By Richaumhy

7

ATTEST: R, hun hey

STATE OF FLORIDA COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared ALA President and Secretary respectively of HEMATOLOGY AND ONCOLOGY CONSULTANTS IF BREVARD - LEVINE, ZIMM AND SPRAWLS, M.D., P.A. personally known to be the persons described in and who executed the foregoing Articles of Amendment and acknowledged before me the execution of same for the uses and purposes therein stated.

WITNESS my hand and official seal in the County and State last aforesaid this day of 4 bowers.

Notary Public, State of Florida
My Commission Expires: 417101

Levine-Hematology-Corp-Name.Chg.

