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BASIC AMENDMENT

ARON SCHLAU, M.D., P.A.

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**ARTICLES OF AMENDMENT OF
ARON SCHLAU, M.D., P.A.**

THE UNDERSIGNED, ARON SCHLAU, being the President and Secretary, of ARON SCHLAU, M.D., P.A., does hereby certify that the following Amendment to the Articles of Incorporation of ARON SCHLAU, M.D., P.A. was approved by the Stockholders of said Corporation on the 8th day of September, 2003, at a duly called meeting of the Stockholders and Directors of the Corporation.

The Articles of Incorporation of ARON SCHLAU, M.D., P.A. are hereby amended as follows:

1. Article I is hereby deleted and the following is inserted in lieu thereof:

ARTICLE I

1. The name of the Corporation shall be HEALTHPLUS I.P.A.
2. All amendments included herein were adopted September 8, 2003, pursuant to 607.1006, F.S., and there is no discrepancy between the Corporation's Articles of Incorporation as theretofore amended other than the inclusion of these amendments and the omission of matters of historical interest.
3. This Amendment has been approved by unanimous consent of all of the Shareholders of the Corporation who are entitled to vote the 8th day of September, 2003.
4. This Amendment shall be effective upon its filing with the Secretary of State, State of Florida.

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(813) 442-1200
Florida Bar #: 371750

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IN WITNESS WHEREOF, the undersigned do hereunto set their hands this 8th day of September, 2003.

ARON SCHLAU, M.D. P.A.

By: [Signature]

ARON SCHLAU, M.D.

Its: President and Secretary

ATTEST:

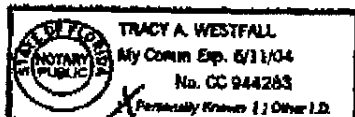
[Signature]
ARON SCHLAU, M.D.

Its: Secretary

STATE OF FLORIDA)
COUNTY OF PINELLAS)

ON THIS 8th day of September, 2003, before me Tracy Westfall (name of notary) the undersigned notary, personally appeared ARON SCHLAU, M.D. (known to me) or who produced _____ as identification, and who did take an oath, to be the person whose name is subscribed to the above instrument, and being informed of the contents of said instrument, acknowledged that he voluntarily executed the same for the uses and purposes herein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

My Commission Expires: 6/11/04[Signature]
Notary Public

J:\S\Schlau, Aron\Aron Schiau, M.D., P.A\Amended Articles - Name Change to HealthPlus IPA.Lfm
jag 8/22/03

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
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