

ACCOUNT NO. : 072100000032

REFERENCE :

341034 113642A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: April 23, 1997

ORDER TIME : 12:56 PM

ORDER NO. : 341034-005

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-04/23/97--01085--017 *****35.00 *****35.00

CUSTOMER NO:

113642A

CUSTOMER: Bruce R. Abernethy, Jr., Esq.

Bruce R. Abernethy, Jr., P.a.

Suite 6

900 Virginia Avenue Ft. Pierce, FL 34982

DOMESTIC AMENDMENT FILING

NAME:

ROBERT I. LEVY FAMILY

CARE ASSOCIATES, P.A.

EFFICTIVE DATE:

XX ARTICLES OF AMENDMENT

RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF ROBERT I. LEVY FAMILY CARE ASSOCIATES, P.A.

Pursuant to the provisions of Section 607.1006 of the Florida Business Corporation Act, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

- 1. The name of the Corporation is ROBERT I. LEVY FAMILY CARE ASSOCIATES, P.A.
- 2. Article III is hereby deleted and in lieu thereof shall be inserted the following Article III:

ARTICLE III - CAPITAL STOCK

The maximum number of shares of common stock that this Corporation is authorized to have outstanding at any one time is 10,000 shares of common stock, having a nominal or par value of ONE DOLLAR (\$1.00) per share.

- 4. The amendment set forth herein was adopted by the Corporation on the $\frac{20}{20}$ day of December, 1996.
- 5. The amendments set forth herein were duly approved by the shareholders in accordance with Section 607.1006.

DATED this 20 day of December, 1996.

ROBERT I. LEVY FAMILY CARE ASSOCIATES, P.A.

Robert I. Levy, President

7 APR 23 PH 2:

2: 49 STATE LORIDA

J

STATE OF FLORIDA COUNTY OF ST. LUCIE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared ROBERT I. LEVY, who is known to be the President of ROBERT I. LEVY FAMILY CARE ASSOCIATES, P.A. He is personally known to me or have produced a valid Florida Driers License as identification and did not take an oath, and he executed the foregoing instrument and acknowledged to and before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 10 day of December, 1996.

NOTARY PUBLIC, STATE OF FLORIDA AT_LARGE.

PRINTED NAME OF NOTARY

MY COMMISSION EXPIRES:

FINA BACON MY COMMISSION # CC 362830 EXPIRES: April 10, 1998

SOCIOSO TOTA MOSENY Public Underwrit