

K32370

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EDWARD HEILBRONNER
1938 - 2000

* BOARD CERTIFIED IN REAL ESTATE

Certified Copy - Return Receipt Requested

April 26, 2001

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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*****43.75 *****43.75 I
OFF-Director

FILED
01 APR 30 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Lawrence S. Burns, M.D., P.A.; Articles of Amendment

To Whom It May Concern:

Enclosed are an original and one copy of Articles of Amendment of the captioned corporation, changing its name to **Broward Ear, Nose, Throat & Allergy, P.A.** Please file the original and send me a certified copy of the Articles of Amendment. A check in the amount of \$43.75 is enclosed to cover the filing and certified copy fees.

If you have any questions, please do not hesitate to call.

Sincerely,

L.M. Ploucha

L.M. Ploucha

NK
5-9-01
PMS

LMP/nlc

Enclosures

cc: Lawrence S. Burns, M.D.

ARTICLES OF AMENDMENT OF
LAWRENCE S. BURNS, M.D., P.A.

FILED
01 APR 30 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ITEM I.

Article I of the Articles of Incorporation of Lawrence S. Burns, M.D., P.A. is hereby amended to read:

ARTICLE I

Name

The name of this Corporation shall be:

BROWARD EAR, NOSE, THROAT & ALLERGY, P.A.

ITEM II.

The foregoing Amendment was adopted by the unanimous consent of all stockholders and directors of this Corporation on the 20th day of April, 2001.

IN WITNESS WHEREOF, the undersigned President and Secretary of this Corporation have executed these Articles of Amendment this 20th day of April, 2001.


Lawrence S. Burns, President

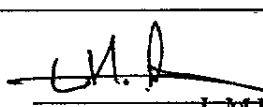

Allan M. Rosenbaum, Secretary

STATE OF FLORIDA)
) SS.:
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 20th day of April, 2001, by LAWRENCE S. BURNS, President, and ALLAN M. ROSENBAUM, Secretary, of LAWRENCE S. BURNS, M.D., P.A., who are personally known to me X or have produced _____ identification. Type of Identification produced _____.



L.M. Ploucha
MY COMMISSION # CC981279 EXPIRES
December 11, 2004
BONDED THRU TROY FAIR INSURANCE, INC.


Name: L.M. PLOUCHA
Notary Public
My Commission Expires: _____
Commission No.: _____