

ACCOUNT NO. : 07210000032

REFERENCE: 548219 4310537

AUTHORIZATION :

COST LIMIT : \$87.50

ORDER DATE: September 30, 1997

ORDER TIME : 10:40 AM

ORDER NO. : 548219-005

CUSTOMER NO:

4310537

100002307761--2

CUSTOMER: Mark Cooper, Esq

O'neill Chapin Marks Liebman

Suite 865

200 East Robinson Street

Orlando, FL 32801

DOMESTIC AMENDMENT FILING

NAME:

AMPUTEE AND BRACE CENTER OF

KISSIMMEE, INC.

EFFICTIVE DATE:

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: Andrew Cumper

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT OF AMPUTEE AND BRACE CENTER OF KISSIMMEE, INC.

97 SEP 30 PH 2: 30

SECRETARY OF STATE

Article I of the Articles of Incorporation of Ampute AIRCS FLORIDA

Brace Center of Kissimmee, Inc., is hereby amended to read:

ARTICLE I

Name: The name of this corporation is Saunders Management Group, Inc.

The foregoing amendment was adopted by the shareholders of this corporation of the 24th day of September, 1997.

IN WITNESS WHEREOF, the undersigned President of this corporation has executed these Articles of Amendment on this 2> day of September, 1997.

WITNESSES:

J. Sanders, President

STATE OF FLORIDA COUNTY OF ORange

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared J.L. Saunders, personally known to me or has presented personally Known as identification, as President of Amputee and Brace Center of Kissimmee, Inc., who after first being duly sworn, deposes and says that he has executed the foregoing Articles of Amendment of Amputee and Brace Center of Kissimmee, Inc., for the conditions and purposes therein expressed, under full authority of said Corporation.

WITNESS my hand and seal in the County and State last aforesaid on this 25 day of September, 1997.

Notary Public

Any D. Hooker Printed or typed name of Notary

My Commission Expires:

AMY D. HOOKER

Notary Public, State of Florida

My Comm. Expires April 12, 1999

Comm. No. CC452713

STATEMENT OF INTENT TO ADOPT AMENDMENT

The undersigned, being all of the directors and shareholders of Amputee And Brace Center Of Kissimmee, Inc., hereby evidence their unanimous vote (taken at a Special Meeting of the Board of Directors and Shareholders held on September 24, 1997), to amend the Articles of Incorporation of the Corporation by changing the name of the Corporation to: Saunders Management Group, Inc.

Dated this 25 day of September, 1997

J.A. Sangers/ Shareholder/Director

J.L Baunders, Shareholder/Director

Douglas M. Roehl, Shareholder

STATE OF FLORIDA)
COUNTY OF OR ANGE)

BEFORE ME, the undersigned Notary Public, duly authorized in the aforesaid State and County, personally appeared J.A. Saunders, personally known to me or who has presented Personally Known to me or who has presented Personally Known as identification, who after first being duly sworn by me, deposes and says that he has read the above and foregoing and that all of the statements set forth therein are true and correct.

WITNESS my hand and seal in the State and County aforesaid this as day of September, 1997.

Notary Public

Donis O. Dixod

Typed or printed name of Notary

My Commission Expires:
DORISO DIXON
My Commission CC655738
Expires Aug. 24, 2000

STATE OF FLORIDA)
COUNTY OF Ogange)

BEFORE ME, the undersigned Notary Public, duly authorized in the aforesaid State and County, personally appeared J.L. Saunders, personally known to me or who has presented <u>Personally Known</u> as identification, who after first being duly sworn by me, deposes and says that he has read the above and foregoing and that all of the statements set forth therein are true and correct.

WITNESS my hand and seal in the State and County aforesaid this 25 day of September, 1997,

Notary Public

Amy D. Hooker

Typed or printed name of Notary

My Commission Expires:

AMY D. HOOKER

Notary Public, State of Florida,
My Comm. Expires April 12, 1999.
Comm. No. CC452713

STATE OF FLORIDA)
COUNTY OF (\5(\chi_0))

BEFORE ME, the undersigned Notary Public, duly authorized in the aforesaid State and County, personally appeared Douglas M. Roehl, personally known to me or who has presented \(\frac{1}{1} \). \(\frac{1}{1} \) \(\frac{1} \) \(\frac{1}{1} \) \(\frac{1} \) \(\frac{1}{1} \) \(\frac{1}{1} \) \(\frac{1}{1} \) \(\frac{1}{1} \) \(\

WITNESS my hand and seal in the State and County aforesaid this $\frac{\partial U}{\partial x}$ day of September, 1997.

MARY M CLINARD
My Commission CC571278
Expères Jul. 21, 2000

Notary Public Many M. Chary
Typed or printed name of Notary

My Commission Expires: 7 1/1000