

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 000006058320--0 -06/27/02--01022--010 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Re: CLEARWATER MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.

Dear Sirs:

Enclosed herewith please find the original and one copy of Articles of Amendment for Clearwater Medical Arts Condominium Association, Inc. as well as our check in the amount of \$35.00 to cover the cost of filing and certification of the copy.

Please return the copy after endorsing your approval thereon.

Very truly yours,

Gregory D. Clark

GDC/ko enc.



1/3/02

## ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF



## CLEARWATER MEDICAL ARTS CONDOMINIUM ASSOCIATION

To: Division of Corporations Amendment Section P. O. 6327 Tallahassee, FL 32314

Pursuant to the provisions of Section 617.1006 et seq. of the Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

- 1. "Article I. Name" of the Articles of Incorporation is hereby amended in its entirety to now read as follows: The name of the corporation shall be HIGHLAND PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.
- 2. The following amendments of the articles of incorporation were adopted by the directors of the corporation on <u>5-28-02</u>, in the manner prescribed by the Florida General Corporation Act:
- 3. The amendments were adopted by the members and the number of votes cast for the amendment was sufficient for approval.

Dated	June	24	, 2002.

Clearwater Medical Arts Condominium Association, I

> FRANK WIGLÉ, President

STATE OF FLORIDA COUNTY OF PINELLAS

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared FRANK WIGLE, President of CLEARWATER MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC., known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and is personally known to me or has produced a driver's license as identification.

WITNESS, my hand and official seal in the County and State last aforesaid this

24th day of <u>Une</u>, 2002.

Notary Public

My commission expires:

