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MACFARLANE FERGUSON

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COUNTRYSIDE WEST MEDICAL CLINIC ASSOCIATION, INC.

Certificate of Status	1
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CERTIFICATE OF AMENDMENT TO ARTICLES OF INCORPORATIONOFCOUNTRYSIDE WEST MEDICAL CLINIC ASSOCIATION, INC.

COUNTRYSIDE WEST MEDICAL CLINIC ASSOCIATION, INC., a Florida not-for-profit corporation, under its corporate seal and of its President, MARK S. KLEIN, hereby certifies that:

The Board of Directors of said corporation, at a meeting called and held on the 3RD day of October, 2006, adopted the following resolution, which is subject to Member consent:

1. RESOLVED that Article XII, RIGHTS OF DEVELOPER, introductory paragraph of the original Articles of Incorporation of this corporation shall be deleted in its entirety, and in lieu and substitution thereof, shall be read and provide as follows:

"ARTICLE XII
RIGHTS OF DEVELOPER

CWMC, LLC, a Florida limited liability company, which is the Developer of COUNTRYSIDE WEST MEDICAL CLINIC, shall have full right and authority to manage the affairs and exclusive right to elect the directors of the Association (who need not be unit owners) until the following shall occur:"

PREPARED BY AND RETURN TO:
Harry S. Cline, Esq.
Macfarlane Ferguson & McMullen
Post Office Box 1669
Clearwater, FL 33757-1669
(727) 441-8966
Florida Bar # 0133526

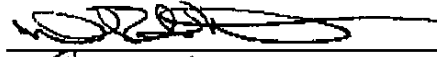
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Except as herein amended, the corporate charter is hereby ratified and confirmed.

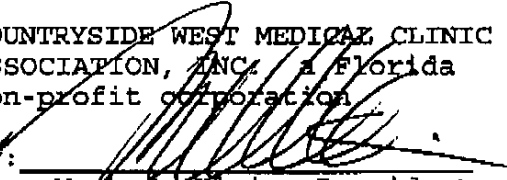
IN WITNESS WHEREOF, said corporation has caused this Certificate to be signed in its name by its President and its corporate seal to be hereunto affixed, this 3rd day of October, 2006.

In the Presence of:


Carol Duncan

COUNTRYSIDE WEST MEDICAL CLINIC
ASSOCIATION, INC., a Florida
non-profit corporation

By:


Mark S. Klein, President

STATE OF FLORIDA
COUNTY OF PINELLAS

I HEREBY CERTIFY, that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, MARK S. KLEIN, as President of COUNTRYSIDE WEST MEDICAL CLINIC ASSOCIATION, INC., a Florida non-profit corporation, to me personally known or who has produced as identification and who did take an oath, and known to me to be the individual described in and who executed the foregoing instrument and he acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal at Clearwater, said County and State, this 3rd day of October, 2006.



Carol Duncan
MY COMMISSION # 00272968 EXPIRES
January 10, 2008
BONDED THRU TROY FARM INSURANCE, INC.

Carol Duncan
Notary Public
Print Name Carol Duncan
My Commission Expires:

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