

TIMOTHY M. GOAN, P.A.

(904) 445-9003

ATTORNEY AT LAW  
1 CORPORATE DRIVE  
SUITE 1-C  
PALM COAST, FLORIDA 32137

(904) 445-0540 (FAX)

P00000078153

September 5, 2000

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32301

100003387171--5  
-09/08/00--01089--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: John M. Russell, M.D., P.A. - Corporation Name Amendment

To Whom It May Concern:

Enclosed please find the Articles of Amendment, Resolution Changing Corporation Name and the Certificate of Amendment of Bylaws of RUSSELL ORTHOPAEDIC CENTER changing the name. Also enclosed is a check made payable to the Secretary of State in the amount of \$35.00 for this service.

Thank you for your attention to this matter.

Sincerely,

*Kristine M. Wolfe*

Kristine M. Wolfe  
Secretary to Timothy M. Goan

Encl.

*Kristine Wolfe authorized  
to add P.A. to name*

*Name Change  
LFS  
9-19-2000*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP - 8 AM 9:51

ARTICLES OF AMENDMENT

00 SEP -8 AM 9:51

1. The following provisions of the Articles of Incorporation of **JOHN M. RUSSELL, M.D., P.A.**, a Florida corporation, filed in Tallahassee on August 11, 2000, be and they hereby are amended in the following particulars:

Article I. Name - be and it hereby is amended to read as follows:

**RUSSELL ORTHOPAEDIC CENTER, P.A.**

2. The foregoing amendments were adopted by the Stockholders and Directors of the corporation on the 5<sup>th</sup> day of September, 2000.

IN WITNESS WHEREOF, the undersigned President and Secretary of this corporation have executed these Articles of Amendment this 5<sup>th</sup> day of September, 2000.

3. The number of votes cast for the Amendment by the shareholders was sufficient for approval.

RUSSELL ORTHOPAEDIC CENTER, P.A.

By. John M. Russell  
President/Secretary

STATE OF FLORIDA  
COUNTY OF FLORIDA

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of September, 2000, by John M. Russell, President/Secretary, of Russell Orthopaedic Center, a Florida corporation, on behalf of the corporation. He is personally known to me or has produced a Florida drivers license as identification.

Kristine M. Wolfe  
Kristine M. Wolfe  
Notary Public  
My Commission Expires.

