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(1) BOARD CERTIFIED CIVIL TRIAL LAWYER
(2) BOARD CERTIFIED TAX LAWYER
(3) BOARD CERTIFIED REAL ESTATE LAWYER
(4) BOARD CERTIFIED WILLS, TRUSTS
AND ESTATES LAWYER
(5) BOARD CERTIFIED APPELLATE LAWYER
(6) BOARD CERTIFIED BUSINESS
LITIGATION LAWYER
(7) FLORIDA SUPREME COURT
CERTIFIED CIRCUIT MEDIATOR

April 12, 2005

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

Re: Articles of Amendment
File No. 10331/19318

Dear Sir or Madam:

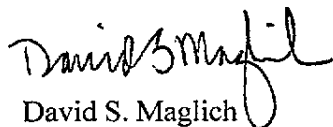
Enclosed for filing are the following items:

1. One original and one copy of the Articles of Amendment to Articles of Incorporation of Charles L. Rodriguez, M.D., P.A.
2. Check in the amount of \$35.00 for filing the Articles of Amendment.

Please return a copy of the Articles of Amendment to Articles of Incorporation to us in the prepaid, preaddressed envelope provided for your convenience.

Should you have any questions, or if there are any problems, please contact us immediately.

Sincerely,


David S. Maglich

DSM/jlg

Enclosures

cc: Charles L. Rodriguez, M.D.
336986

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION OF
CHARLES L. RODRIGUEZ, M.D., P.A.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Article I of the Articles of Incorporation of Charles L. Rodriguez, M.D., P.A., a Florida professional service corporation, filed in Tallahassee, Florida, on July 24, 2003, is amended to read as follows:

"NAME

The name of this corporation is RENAISSANCE PLASTIC SURGERY, P.A."

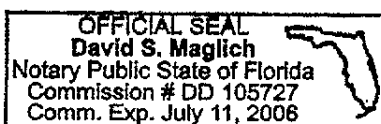
2. The foregoing amendment was adopted by the corporation's sole shareholder and director on March 25, 2005.

IN WITNESS WHEREOF, the undersigned, as President and Secretary of this corporation, has executed these Articles of Amendment on March 25, 2005.


CHARLES L. RODRIGUEZ
President and Secretary

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing Articles of Amendment to Articles of Incorporation were acknowledged before me on March 25, 2005, by CHARLES L. RODRIGUEZ, who is personally known to me or who has produced _____ as identification.



Name David S. Maglich
Notary Public
Serial Number (if any) _____
Commission Expiration Date _____