

P93000004669

LAW OFFICES OF  
HILL, WARD & HENDERSON

MAILING ADDRESS:  
POST OFFICE BOX 2231  
TAMPA, FLORIDA 33601

PROFESSIONAL ASSOCIATION  
SUITE 3700 · BARNETT PLAZA  
101 EAST KENNEDY BOULEVARD  
TAMPA, FLORIDA 33602

TELEPHONE (813) 221-3900  
TELECOPIER (813) 221-2900

August 26, 1998

100002628151--8

Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314-6327

Re: BAY TEC MEDICAL, INC. - change of name

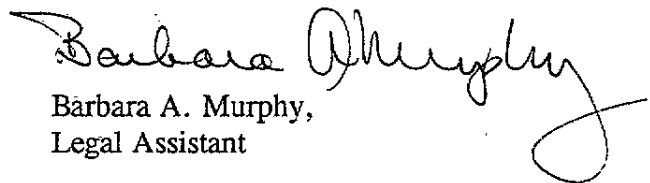
Dear Madam or Sir:

Please correct your records to reflect that the new name for Pamela D. Czoper is now Pamela D. Coleman. We have enclosed a marriage certificate to verify same.

Bay Tec Medical, Inc. - Document number: P93000046691

Thank you.

Cordially,

  
Barbara A. Murphy,  
Legal Assistant

/bm

Enclosure

c: S. Katherine Frazier, Esq.  
Pamela D. Coleman

*Name change of officer, per  
marriage.*

ALL AUG 2 1998

**MARRIAGE RECORD  
FLORIDA**

APPLICATION NO. \_\_\_\_\_

GROOM DATA	1. GROOM'S NAME (First, Middle, Last) <b>BENNY J COLEMAN II</b>	234-72-7853	2. DATE OF BIRTH (Month, Day, Year) <b>03/23/1960</b>
	3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>TREASURE ISLAND</b>	3b. COUNTY <b>PINELLAS</b>	3c. STATE <b>FL</b>
BRIDE DATA	4. BRIDE'S NAME (First, Middle, Last) <b>PAMELA D CZOPER</b>	278-52-5088	5. DATE OF BIRTH (Month, Day, Year) <b>03/10/1951</b>
	6. MAIDEN SURNAME (if different) <b>COYNER</b>	7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>TREASURE ISLAND</b>	7b. COUNTY <b>PINELLAS</b>
AFFIDAVIT OF BRIDE AND GROOM	8. WE THE APPLICANTS NAMED IN THIS CERTIFICATE EACH FOR HIMSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.		
	9. GROOM'S SIGNATURE (Sign full name) <i>Benny J Coleman</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON: <b>03/17/1998</b>	11. TITLE OF ISSUING OFFICIAL <b>DEPUTY CLERK</b>

LICENSE TO MARRY	13. BRIDE'S SIGNATURE (Sign full name) <i>Pamela D. Czoper</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON: <b>03/17/1998</b>	15. TITLE OF ISSUING OFFICIAL <b>DEPUTY CLERK</b>
	16. SIGNATURE OF ISSUING OFFICIAL <i>Thomas C. McWiley</i>	17. DATE LICENSE ISSUED <b>03/17/1998</b>	
RECORDED	18. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS.		19. EXPIRATION DATE <b>05/16/1998</b>
	20. THIS LICENSE MUST BE USED ON OR BEFORE THE ABOVE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.		21. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA ON <b>March 23 1998</b> AT <b>Marco Island</b> FLORIDA DATE (month, day, year) CITY OR TOWN
INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.	22a. SIGNATURE OF PERSON PERFORMING CEREMONY <i>Rev. Thomas C. McWiley</i>	22b. NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT) <b>Rev. Thomas C. McWiley</b>	22c. TITLE <b>Pastor - Marco Island Ministers</b>
	23. ADDRESS <b>PO Box 1220 Marco Island FL 3414</b>	23a. SIGNATURE OF WITNESS TO CEREMONY <i>Madlyn Roberts</i>	23b. SIGNATURE OF WITNESS TO CEREMONY <i>Madlyn Roberts</i>
24. DATE <b>03/30/1998</b>	25. BK <b>BK 284 PG 770</b>	26. CLERK <b>KARLEEN F. DE BLAKER, CLERK</b>	27. CLERK

GROOM	28. RACE <b>WHITE</b>	29. NUMBER OF THIS MARRIAGE <b>03</b>	IF PREVIOUSLY MARRIED (SPECIFY 29-31) <b>DIVORCE</b>	30. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) <b>DIVORCE</b>	31. DATE LAST MARRIAGE ENDED <b>12/31/1990</b>
	BRIDE	32. RACE <b>WHITE</b>	33. NUMBER OF THIS MARRIAGE <b>02</b>	IF PREVIOUSLY MARRIED (SPECIFY 34-36) <b>DIVORCE</b>	34. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) <b>DIVORCE</b>

1096  
s HRS Form 748)

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

AUDIT CONTROL NO. **219951**

STATE OF FLORIDA - PINELLAS COUNTY  
I hereby certify that the foregoing is true and correct as the same appears among the records of this court.  
\_\_\_\_\_  
KARLEEN F. DE BLAKER  
Clerk of Circuit Court

*Jill L. Gately*  
Deputy Clerk