

P94000016228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

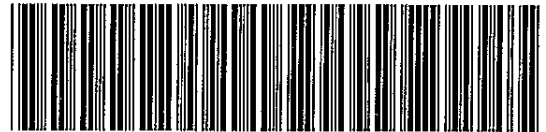
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LAW OFFICE OF
Yvonne G. Grassie, P.A.
A professional association

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March 25, 2004

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: 8th Street Medical Plaza, Inc.

Dear Sir or Madam:

Enclosed please find the original and one copy of the Certificate of Amendment of the Articles of Incorporation for the above referenced entity. 8th Street Medical Plaza, Inc. is changing its name to 8th Street Medical Center, Inc. In connection therewith, we have enclosed a check in the amount of \$43.75 for the \$35.00 filing fee and the \$8.75 certified copy fee. Please return the certified copy of the Certificate of Amendment to the undersigned. Thank you for your attention to this matter.

Very truly yours,

Yvonne G. Grassie, P.A.

By: 
Yvonne G. Grassie, Esq.

Certificate of Amendment of Articles of Incorporation of
8th Street Medical Plaza, Inc.

I, the undersigned Roberto Cruz, M.D., as sole shareholder and President and Secretary of 8th Street Medical Plaza, Inc. ("Corporation") hereby certify as follows:

1. The name of the Corporation is 8th Street Medical Plaza, Inc.
2. The Articles of Incorporation were filed by the Florida Department of State on February 25, 1994, Document # P94000016228.
3. The Articles of Incorporation are hereby amended to change the Corporation's name as set forth below:

Article I: Name

The name of this corporation shall be 8th Street Medical Center, Inc.

4. The foregoing amendment to the Articles of Incorporation was approved, authorized and adopted by vote of the sole director and shareholder of the Corporation.

In witness whereof, I hereby executed this Certificate of Amendment on this 18th day of March, 2004.

8th Street Medical Plaza, Inc.

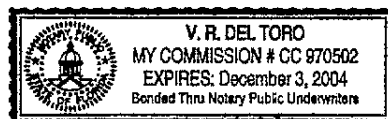
By: 

Roberto Cruz, M.D., President and Sole Shareholder

The foregoing instrument was sworn to and subscribed before me this 18th day of March, 2004 by Roberto Cruz, M.D., who is personally known to me or has produced _____ as identification and did/did not take an oath.


Notary Public

Typed, Printed or Stamped Name of Notary



My Commission expires:

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TALLAHASSEE, FLORIDA