## P1600000102150

PROFESSIONAL ASSOCIATION

DAVID M. CARR
GENERAL PRACTICE
ADMITTED IN.
FLORIDA
IOWA
TENNESSEE

GAIL E. PIPES

600 EAST MADISON STREET TAMPA, FLORIDA 33602-4039

TELEPHONE (813) 223-5335

TELECOPIER (813) 229-6846

January 24, 1997

Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314 600002069856--3 -01/28/97--01055--002 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: American Ambulance Association of Tampa, Inc.

Dear Sir:

Enclosed please find the original Amendment to Articles of Incorporation to change the name of the above-referenced concern to Americare Ambulance Service, Inc. My check in the amount of \$35 in payment of your filing fee is also enclosed.

Please forward the receipt and acknowledgement to the undersigned attorney at your earliest opportunity.

Thank you for your cooperation.

Sincerely,

DAVID M. CARR

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Enc.

SECRETARY CORPORATIONS
DIVISION OF CORPORATIONS
97 JAN 27 PH 12: 17

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## AMENDMENT TO ARTICLES OF INCORPORATION OF AMERICAN AMBULANCE ASSOCIATION OF TAMPA, INC.

DIVISION OF TARY OF STATE

97 JAN 27 PH 12: 17

This corporation wishes to amend the Articles of Incorporation to change the name of the corporation from AMERICAN AMBULANCE ASSOCIATION OF TAMPA, INC., to AMERICARE AMBULANCE SERVICE, INC. This amendment was adopted by a unanimous vote of the Shareholders of the corporation on January 14, 1997.

IN WITNESS WHEREOF, RONALD W. MASON as President and DAVID M. CARR as Secretary/Treasurer of AMERICAN AMBULANCE ASSOCIATION OF TAMPA, INC., have hereunto set their hands and seals this 14th day of January, 1997, for the purpose of amending the Articles of Incorporation, and we hereby make and file with the Secretary of State of the State of Florida this Amendment to Articles of Incorporation.

RONALD W. MASON

President

DAVID M. CARR

Secretary/Treasurer

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

BEFORE ME, personally appeared RONALD W. MASON and DAVID M. CARR who are personally known to me and who acknowledged before me that they executed the foregoing instrument for the purposes therein expressed.

WITNESS my hand and official seal in the County and State above-named, this \_\_\_\_\_\_\_ day of January, 1997.

NOTARY PUBLIC GAIL E. PIPES

My Commission Expires:

OFFICE MAY 31,1997