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AUTHORIZATION :

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CUSTOMER NO: 4343687

CUSTOMER: Alan S. Gassman, Esq

Gassman & Conetta, P.a.

Suite 102

1245 Court Street Clearwater, FL 34616

DOMESTIC AMENDMENT FILING

NAME: LYLE LOVETT, M.D., P.A.

EFFICTIVE DATE: JANUARY 7, 1997

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

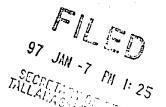
N. HENDRICKS JAN - 8 1997

DIVISION OF CORPORATION

CONTACT PERSON: W. Charles Earnest

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT OF LYLE LOVETT, M.D., P.A.



THE UNDERSIGNED, ALAN S. GASSMAN, being the Vice President and Assistant. Secretary, of LYLE LOVETT, M.D., P.A., does hereby certify that the following Amendment to the Articles of Incorporation of LYLE LOVETT, M.D., P.A. was approved by the Stockholders of said Corporation on the 6th day of January, 1997, at a duly called meeting of the Stockholders and Directors of the Corporation.

The Articles of Incorporation of LYLE LOVETT, M.D., P.A. are hereby amended as follows:

1. Article I is hereby deleted and the following is inserted in lieu thereof:

ARTICLE I

- 1. The name of the Corporation shall be FLYNN A. LOVETT, M.D., P.A..
- 2. All amendments included herein were adopted effective January 6, 1997 pursuant to Section 607.1004, F.S., and there is no discrepancy between the Corporation's Articles of Incorporation as thereto fore amended other than the inclusion of these amendments and the omission of matters of historical interest.
- 3. This Amendment has been approved by unanimous consent of all of the Shareholders of the Corporation who are entitled to vote effective the 6th day of January, 1997.
- 4. This Amendment shall be effective upon its filing with the Secretary of State, State of Florida.

IN WITNESS WHEREOF, the undersigned do hereunto set their hands this 6 day of porung, 1997.

FLYNN A. LOVETT, M.D., P.A.

Sy: (SEAL)

ALAN S! GASSMAN

Vice President

ATTEST: ()

ALAN S. GASSMAN

Assistant Secretary

(SEAL)

STATE OF FLORIDA) COUNTY OF PINELLAS)

ON THIS 6 day of _______, 1997, before me Elle MINE (name of notary) the undersigned notary, personally appeared ALAN S. GASSMAN, known to me, or who produced as identification, and who did take an oath, to be the person whose name is subscribed to the above instrument, and being informed of the contents of said instrument, acknowledged that he voluntarily executed the same for the uses and purposes herein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public

My Commission Expires:

