

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

esc networks

MAIL TO:
P.O. BOX 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION :

COST LIMIT :

Patricia Pysut
\$35.00

97 MAY 12 PM 1:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ORDER DATE : 5-12-97

ORDER TIME : 10:45

ORDER NO. : 561-790-6466

CUSTOMER NO:

CUSTOMER: Lawrence B. Juran, P.A.

File First

6000002174866--4

DOMESTIC FILING

NAME: PWH IV MEDICAL EQUITY CORPORATION
changing name to
PWH VI Medical Equity, Corporation

XX ARTICLES OF Amendment
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *Daniel Leggett*

EXAMINER'S INITIALS:

5/12
Jon
Anne
Chang

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
PWH IV MEDICAL EQUITY CORPORATION

FILED
97 MAY 12 PM 1:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to the provisions of Section 607.1006, Florida Statutes, this Florida profit corporation adopts the following Articles of Amendment to its Articles of Incorporation:

FIRST: ARTICLE I-NAME is amended to change the name of the corporation. ARTICLE I - NAME shall now read:

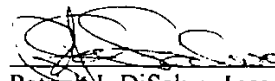
"The name of the corporation shall be: **PWH VI Medical Equity Corporation**".

SECOND: This Amendment does not provide for an exchange, reclassification or cancellation of issued shares of stock.

THIRD: This Amendment was adopted May 1, 1997.

FOURTH: This Amendment was adopted by the incorporator without shareholder action and shareholder action was not required.

Signed this 12th day of May, 1997.

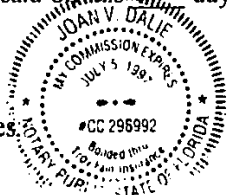

Patrick J. DiSalvo, Incorporator

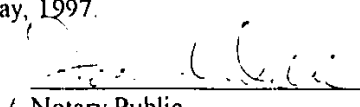
STATE OF FLORIDA)
) SS.
COUNTY OF PALM BEACH)

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Patrick J. DiSalvo, known to me to be the person who executed the foregoing Articles of Amendment, or who produced _____ as identification.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid on this 12th day of May, 1997.

My Commission Expires




Notary Public
State of Florida at Large