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FLORIDA DIVISION OF CORPORATIONS
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NAME: GULF COAST INCON THERAPY, P.A.
AUDIT NUMBER.....H98000017795
DOC TYPE.....BASIC AMENDMENT
CERT. OF STATUS...0
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DIVISION OF CORPORATIONS

Name Change

Amendment

9-29-98

DC

H98000017795

ARTICLES OF AMENDMENT
TO ARTICLES OF INCORPORATION OF
GULF COAST INCON THERAPY, P.A.

The undersigned hereby certifies as follows:

1. The name of the Professional Service Corporation is GULF COAST
INCON THERAPY, P.A.

2. Article FIRST of the Articles of Incorporation of GULF COAST
INCON THERAPY, P.A. is hereby amended to read as follows:

FIRST: The name of this Corporation is DAVID P. BUSER, M.D., P.A.

3. Article FOURTH of the Articles of Incorporation of GULF COAST
INCON THERAPY, P.A. is hereby amended to read as follows:

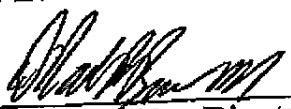
FOURTH: The street address of the initial registered office of the Corporation is c/o
Cummings & Lockwood, 3001 Tamiami Trail North, 4th Floor, Naples, FL 34103;
and the name of the Corporation's registered agent at such address is CLASP Inc.

4. The foregoing amendments were adopted by all members of the Board of
Directors of this Corporation, by written action dated September 23, 1998, pursuant to
Florida Statutes.

5. A sufficient number of shareholder votes was sufficient for approval.

IN WITNESS WHEREOF, the undersigned President/Director of this
Corporation has executed these Articles of Amendment on the 23 day of September, 1998.

GULF COAST INCON THERAPY, P.A.

By: 
David P. Buser, President/Director

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Prepared by Aaron A. Farmer, Esq.
Cummings & Lockwood
P. O. Box 413032
Naples, FL 34101
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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the corporation is: GULF COAST INCON THERAPY, P.A.
2. The name and address of the registered agent and office is:

CLASP Inc.
c/o Cummings & Lockwood
3001 Tamiami Trail North, 4th Floor
Naples, Florida 34103

Having been named as registered agent and to accept service of process for the above-stated Corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CLASP INC.

By: 
Aaron A. Farmer, Vice President
Registered Agent

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