P97000075313

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 515222 4378683

AUTHORIZATION :

COST LIMIT Patricia S. Pozzi

ORDER DATE : September 2, 1997

ORDER TIME : 11:13 AM

ORDER NO. : 515222-010

CUSTOMER NO: 4378683 000002282600--2

CUSTOMER: Edward C. Akel, Esq
Holbrook Akel Cold Stiefel &
Suite 2301
One Independent Drive
Jacksonville, FL 32202

FILED
97 SEP -2 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: NORTHEAST FLORIDA
ORTHOPAEDICS, SPORTS MEDICINE
AND REHABILITATION II, P.A.

EFFICTIVE DATE:

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

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS:

RECEIVED
97 SEP -2 PM 1:03

NCR 9-2

ARTICLES OF AMENDMENT

TO ARTICLES OF INCORPORATION OF

NORTHEAST FLORIDA ORTHOPAEDICS, SPORTS MEDICINE AND REHABILITATION II, P.A.

Changing its Name to

NORTHEAST FLORIDA ORTHOPAEDICS, SPORTS MEDICINE AND REHABILITATION, P.A.

FILED
97 SEP -2 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Incorporation of this corporation are amended as follows:

1. Article I is amended to change the name of this corporation to: NORTHEAST FLORIDA ORTHOPAEDICS, SPORTS MEDICINE AND REHABILITATION, P.A.

2. The effective date of this amendment shall be August 30, 1997 12:01am

3. This amendment was adopted and approved by the directors and by the unanimous vote of all shareholders entitled to vote of this corporation at a joint meeting held on August 30, 1997.

Attest:

NORTHEAST FLORIDA ORTHOPAEDICS, SPORTS MEDICINE AND REHABILITATION II, P.A.

✓ _____
Secretary

By ✓ _____
Its President

(Corporate Seal)

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 30th day of August, 1997, by ALLEN T. BRILLHART, M.D., President of NORTHEAST FLORIDA ORTHOPAEDICS, SPORTS MEDICINE AND REHABILITATION II, P.A., a Florida corporation, on behalf of the corporation, _____ personally known to me; or _____ who produced a Florida Driver's License identification, and who did take an oath and personally appeared before me.

✓ _____
NOTARY PUBLIC - STATE OF FLORIDA
Print Name: _____
My Commission Expires: _____
Commission No. _____

EDWARD C. AKEL
NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES MAY 10, 2000
COMMISSION NO. CC537664