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WILLIAM (FRED) POOLE, IV
CORPORATE AND BUSINESS LAW

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May 19, 1999

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32301

100002882771--4
-05/21/99-01090-023
*****70.00 *****43.75

RE: NAME CHANGE: CENTRAL FLORIDA PHYSICIAN MANAGEMENT
ASSOCIATES, INC.

Dear Sir or Madam:

Enclosed is an original and one copy of Certificate of Change of Corporate Name for the above-referenced corporation for filing. Our firm's check for \$70.00 is enclosed to cover the following costs:

Filing Fee	\$ 35.00
Certified Copy	\$ 35.00
Total	\$ 70.00
	=====

Upon acceptance of the Change of Corporate Name and filing thereof by your office, please provide this firm with a certified copy of the Change of Corporate Name.

Thank you for your cooperation in this matter.

Sincerely,

Wanda B. Butler

Wanda B. Butler, Assistant to
WILLIAM F. POOLE, IV

/wbb
Enclosures

FILED
99 MAY 26 10 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TL MAY 26 1999
NC

ARTICLES OF AMENDMENT

99 MAY 26 PM 12:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

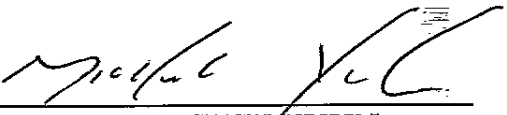
1. The following provisions of the Articles of Incorporation of CENTRAL FLORIDA PHYSICIAN MANAGEMENT ASSOCIATES, INC., a Florida corporation, as filed in the offices of the Secretary of State, State of Florida in Tallahassee, Florida on the 18th day of November, 1998, be and they are hereby amended in the following particulars:

ARTICLE I - NAME is hereby amended to read as follows:

The name of the corporation shall be MEDICAL SALES CONSULTANTS OF ORLANDO, INC.

2. The foregoing amendment was adopted by the Board of Directors on the 19th day of May, 1999.

IN WITNESS WHEREOF, I the sole Shareholder and sole Director of the Corporation have executed these Articles of Amendment this 19th day of May, 1999.


MICHAEL WESLEY YUHN
Sole Shareholder and Sole Director

STATE OF FLORIDA

COUNTY OF ORANGE

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments MICHAEL WESLEY YUHN, known to me to be the sole member of the Board of Directors described in and/or that I relied upon the following form of identification of the above-named person: Florida Driver's License and who executed the foregoing instrument, and he acknowledged before me the matters and things contained in the above and foregoing are true and correct, and that an oath was/was not taken.

WITNESS my hand and official seal in the County and State last aforesaid this 19th day of May, A.D., 1999.

NOTARY SEAL


NOTARY SIGNATURE

