

APPLICATION FOR
AMENDED CERTIFICATE OF AUTHORITY
(Attached exact or conformed copy)

PROFIT

NONPROFIT

FILED
DEC - 6 1995

The undersigned corporation, pursuant to Section 79-4-15.04 (if a profit corporation) or Section 79-11-369 (if a nonprofi corporation) of the Mississippi Code of 1972, hereby executes the following document and sets forth:

1. The name of the corporation is JACKSON WOMEN'S HEALTH ORGANIZATION, INC.
2. The corporate name is changed to A JACKSON WOMEN'S HEALTH ORGANIZATION, INC.
3. The state or country of its incorporation is changed to _____
4. The period of duration is changed to _____

By Stuart Yachnowitz, President

PRINTED NAME/CORPORATE TITLE

SIGNATURE

C-10



State of Florida



Department of State

I certify from the records of this office that JACKSON WOMEN'S HEALTH ORGANIZATION, INC. which changed its name to A JACKSON WOMEN'S HEALTH ORGANIZATION, INC. on October 26, 1995, is a corporation organized under the laws of the State of Florida, filed on May 6, 1994.

The document number of this corporation is P94000034348.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1995, that its most recent annual report was filed on June 19, 1995, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Ninth day of January, 1996



CR2EO22 (1-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State

MARK S. LONDON, P.A.

SHERIDAN HILLS PROFESSIONAL PLAZA
4030-C SHERIDAN STREET
HOLLYWOOD, FLORIDA 33021

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TELEPHONE:
BROWARD (305) 966-6100
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FAX (305) 966-6140

MARK S. LONDON

January 24, 1996

SECRETARY OF STATE
JACKSON, MS.

Mississippi Secretary of State
401 Mississippi Street
P.O. Box 136
Jackson, MS 39205

Re: A Jackson Women's Health Organization, Inc.

To whom it may concern:

Per your request, enclosed please find a certificate of good standing for the above referenced corporation in the State of Florida. Please accept the application for Amended Certificate of Authority and provide me with appropriate documentation that the corporation's name has been amended in the State of Mississippi to A Jackson Women's Health Organization, Inc.

Thank you for your cooperation and courtesies in this matter.

Very truly yours,



MARK S. LONDON

Enclosure

MSL: SMS