

K38096

FILED

00 AUG 11 PM 4:25

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

200003353872

-08/11/00--01052--008

OFFICE USE ONLY *****35.00 *****35.00

Pennington Law Firm
(Requestor's Name)

(Address)

(City, State, Zip) (Phone #)

Marsha - JJ: 3533

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Florida Health Plan Management, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

NC
8-11-00
BWS

Examiner's Initials

ARTICLES OF AMENDMENT
OF HEALTH MANAGEMENT SOUTHEAST, INC.

FILED

00 AUG 11 PM 4:25

I. NAME OF CORPORATION

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The name of the Corporation is HEALTH MANAGEMENT SOUTHEAST, INC.

II. TEXT OF AMENDMENT

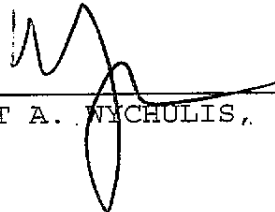
The name of the Corporation is hereby changed to FLORIDA HEALTH PLAN MANAGEMENT, INC.

III. DATE OF ADOPTION

This Amendment was recommended by the Board of Directors and approved by the Shareholder of the Corporation on August 4, 2000. The number of votes cast for the amendment by the Shareholders of the Corporation was sufficient for approval.



ARTHUR R. CARLSON, Treasurer



ROBERT A. NICHOLIS, Secretary

STATE OF FLORIDA,

COUNTY OF LEON.

BEFORE ME, the undersigned officer, duly authorized to take acknowledgments and administer oaths, personally appeared ARTHUR R. CARLSON, being first duly sworn and upon his oath, stated that ARTHUR R. CARLSON signed the above Articles of Amendment for the conditions and purposes therein expressed this 7th day of August, 2000.

Donna P. Maloy
NOTARY PUBLIC - STATE OF FLORIDA

DONNA P. MALOY
PRINTED NAME OF NOTARY; COMMISSION
NUMBER AND EXPIRATION OF COMMISSION



Donna P. Maloy
MY COMMISSION # CC652811 EXPIRES
August 4, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

Personally known to me OR
Produced the following identification: _____

STATE OF FLORIDA,

COUNTY OF LEON.

BEFORE ME, the undersigned officer, duly authorized to take acknowledgments and administer oaths, personally appeared ROBERT A. WYCHULIS, being first duly sworn and upon his oath, stated that ROBERT A. WYCHULIS signed the above Articles of Amendment for the conditions and purposes therein expressed this 9th day of August, 2000.

Donna P. Maloy
NOTARY PUBLIC - STATE OF FLORIDA

DONNA P. MALOY
PRINTED NAME OF NOTARY; COMMISSION
NUMBER AND EXPIRATION OF COMMISSION



Donna P. Maloy
COMMISSION # CC652811 EXPIRES
August 4, 2001
BUNDED THRU TROY FAIR INSURANCE, INC.

Personally known to me OR
Produced the following identification: _____