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November 29, 1999

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-12/06/99--01098--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Incorporation of  
AmeriMed Medical Management, Inc.

Gentlemen:

Enclosed herewith is an executed original of the Articles of Amendment to the Articles of Incorporation for the above referenced corporation, along with an additional copy for you to date stamp with the registration information and a check in the amount of \$35.00. Please return a stamped copy of the Articles of Amendment to the Articles of Incorporation to the undersigned in the enclosed envelope.

If there are any questions, please contact the undersigned.

Very truly yours,



Alberto A. Rodriguez

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO THE ARTICLES OF INCORPORATION  
OF  
AmeriMed Medical Management, Inc.

The undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is AmeriMed Medical Management, Inc.
2. The following Amendment to the Articles of Incorporation was adopted unanimously by the sole subscriber/incorporator and director of the corporation on November 29, 1999, pursuant to unanimous written consent as provided by the Florida Statutes.

ARTICLE I

Name

The name of the corporation is HS1 Tampa Bay Health Care Group, Inc. and its address is: 1200 South Pine Island Road, Suite 500, Ft. Lauderdale, Florida 33324.

Executed this 29th day of November, 1999.

AmeriMed Medical Management,  
a Florida corporation

By: *Luis G. Mosquera*  
Luis G. Mosquera, Director

STATE OF FLORIDA )

:ss

COUNTY OF DADE )

BEFORE ME, personally appeared Luis G. Mosquera, as sole subscriber/incorporator, president and director of AmeriMed Medical Management, Inc. and he acknowledged that he executed the foregoing Articles of Amendment to the Articles of Incorporation on behalf of the corporation.

Said person is personally known to me.

Said person provided the following type of identification \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 29th day of November, 1999.

My commission expires:

*Alberto Rodriguez*  
NOTARY PUBLIC



Alberto Rodriguez  
My Commission CC594089  
Expires October 16 2000

FILED  
99 DEC -6 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA