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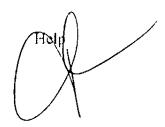
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From: Kaity Toon

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (I-3 MUST BE COMPLETED)

	F08000001513			
	(Document number of corporation (if known)			
WellMed Network of Florida, Inc.				
	rporation as it appears on the records of the Departr	ment of State)		
Texas	3. 04/03/2008	ized to do business in F		
(Incorporated under la	ows of) (Date authori	zed to do business in F	lorida)	
(4-7 (SECTION II COMPLETE ONLY THE APPLICABLE CHAN	(GES)		
If the amendment changes the name of the incorporation?	corporation, when was the change effected under t	he laws of its jurisdiction	on of	
(Name of corporation after the amendmen	it, adding suffix "corporation," "company," or "inco	orporated," or appropris	ne abbrev	iation
not contained in new name of the corporat	er alternate corporate name adopted for the purpose		024 H/	787
(If new name is unavailable in Florida, ento	er alternate corporate name adopted for the purpose	of transacting business	s in Horid	la)
If the amendment changes the period	of duration, indicate new period of duration.	Solution of the second of the	AH	
	(New duration)		9: 03	Œ.
. If the amendment changes the jurisdic	ction of incorporation, indicate new jurisdiction.			
-	(New jurisdiction)			
	registered office address in Florida, enter the n	ame of the		
new registered agent and/or the new reg	gistered office address:			
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if cl	hanging Registered Agent:			
I hereby accept the appointment as registe	red agent. I am familiar with and accept the oblig	cations of the position.		
Circumstance of Vana Parties	tered Aven if changing			

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>		<u>Address</u>	Type of Action
Asst Sect	Mary Kay Coffey		8637 Fredericksburg Road, Suite 360	
			San Antonio, TX 78240	□Remove
Assistant	Diana Curry		19500 IH 10 W	Ø Add
			San Antonio, TX 78257	□Remove
Assistant	Joseph Anthony Zimn	nerman	19500 IH 10 W	D Add 8
			San Antonio, TX 78257	DRemove T
Assistant	Carol Zuniga		19500 III 10 W	ZAAdd 99
			San Antonio, TX 78257	Remove
				□Remove
10. Attached is a of the applica under the law	certificate or document tion to the Department o is of which it is incorpor	of similar import, evi f State, by the Secretar ated.	dencing the amendment, authenticated y of State or other official having custod	not more than 90 days prior to delivery y of corporate records in the jurisdiction
	Qua lam			
		Signature of a director a receiver or other cou	r, president or other officer - if in the ha or appointed fiduciary, by that fiduciary	nds of)
Carlos O. H	lernandez, M.D.		Director	
(Typed or printed name of person signing)		(Title of p	erson signing)	

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