

J05424

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H01000110929 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0380

From: Account Name : WALKER & FAIRBANKS, P.A.
Account Number : I20000000149
Phone : (904)285-3204
Fax Number : (904)280-8965

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2001 OCT 30 PM 4:24

RECEIVED
01 OCT 30 PM 12:57
DIVISION OF CORPORATIONS

BASIC AMENDMENT
FIRST COAST HOME HEALTH CARE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$43.75

De

Name 10/30/01
Change 10/30/2001

(((H01000110929 6)))

**CERTIFICATE OF AMENDMENT
TO THE ARTICLES OF INCORPORATION OF
FIRST COAST HOME HEALTH CARE, INC.**

First Coast Home Health Care, Inc., a Florida corporation, under the hand of its President, hereby certifies that:

The following amendment was adopted on September 15, 2001, by the affirmative vote of the Shareholders of a majority of the shares entitled to vote on the amendment, in accordance with Florida Statutes Section 607.1003 (2001). The number of votes cast was sufficient for approval.

RESOLVED, that the Articles of Incorporation be amended in the following particulars: Article I will be deleted and the following language inserted in its place:

ARTICLE I

The name of the corporation will be First Coast Health, Inc.

FIRST COAST HOME HEALTH CARE, INC.

By: Daniel J McLean
Daniel J. McLean
President

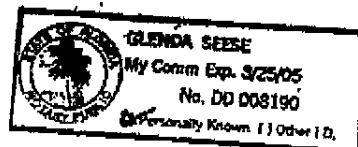
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2001 OCT 30 PM 4:24

STATE OF FLORIDA)

COUNTY OF St. Johns)

The foregoing Certificate of Amendment was acknowledged before me this 28th day of September, 2001, by Daniel J. McLean, as the President of First Coast Home Health Care, Inc. and [X] who is personally known to me or [] who has produced _____ as identification.

Glenda Seese
Notary Public, State of Florida at Large
Notary's Stamped or Printed Name:
My commission expires:



G:\4780\articles.amd.wpd

(((H01000110929 6)))