

# K38096

FILED

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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Pennington Law Firm  
(Requestor's Name)

(Address)

(City, State, Zip)

(Phone #)

Marsha - JJJ - 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	AMENDMENTS
<input type="checkbox"/> Profit	<input checked="" type="checkbox"/> Amendment
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Resignation of R.A., Officer/Director
<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Change of Registered Agent
<input type="checkbox"/> Domestication	<input type="checkbox"/> Dissolution/Withdrawal
<input type="checkbox"/> Other	<input type="checkbox"/> Merger

OTHER FILINGS	REGISTRATION/QUALIFICATION
<input type="checkbox"/> Annual Report	<input type="checkbox"/> Foreign
<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Name Reservation	<input type="checkbox"/> Reinstatement
	<input type="checkbox"/> Trademark
	<input type="checkbox"/> Other

NL  
8-11-00  
BWS

Examiner's Initials

ARTICLES OF AMENDMENT  
OF HEALTH MANAGEMENT SOUTHEAST, INC.

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I. NAME OF CORPORATION

OFFICE OF STATE  
TALLAHASSEE, FLORIDA

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

II. TEXT OF AMENDMENT

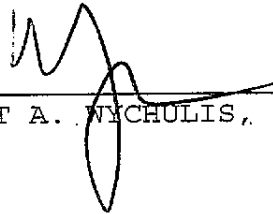
The name of the Corporation is hereby changed to FLORIDA  
HEALTH PLAN MANAGEMENT, INC.

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. NICHULIS, 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 7<sup>th</sup> 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

Personally known to me ✓ OR  
Produced the following identification: \_\_\_\_\_



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

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 9<sup>th</sup> 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

Personally known to me ✓ OR  
Produced the following identification: \_\_\_\_\_



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