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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PHYSICIAN CARE NETWORK, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KENNETH J. NEDD  
(Name of Person)  
PHYSICIAN CARE NETWORK, LLC  
(Firm/Company)  
3106 Commerce Parkway  
(Address)  
MIRAMAR  
FLORIDA 33025  
(City/State and Zip Code)

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For further information concerning this matter, please call:

KENNETH J. NEDD at ( 954 ) 331-6515  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
☐ \$30.00 Filing Fee & Certificate of Status  
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PHYSICIAN CARE NETWORK, LLC

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 03/21/05 and assigned document number 205000027617.

SECOND: This amendment is submitted to amend the following:

- ① PAUL MEYER - (TITLE CHANGE) MEMBER & CHAIRMAN
- ② KENNETH J. NEDD - (TITLE CHANGE) MEMBER & MANAGER
- ③ ARTICLE III - (CHANGE) TO → A MANAGED CARE SERVICE ORGANIZATION (MSO) THAT CONTRACTS WITH INSURANCE RISK BEARING MANAGED CARE ORGANIZATIONS TO ADMINISTER THE CARE OF INSURED LIVES THROUGH A NETWORK OF HEALTH CARE PROVIDERS.

Dated

11/07/06

Kenneth J. Nedd

Signature of a member or authorized representative of a member

KENNETH J. NEDD

Typed or printed name of signee

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