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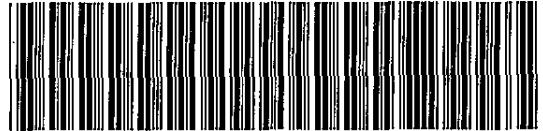
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Amend

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04 DEC 23 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*APR
12/23/04*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Primary Care Medical Services of Poinciana Inc.

DOCUMENT NUMBER: N03000003108

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ray Plummer

(Name of Contact Person)

Primary Care Medical Services of Poinciana Inc. c/o Osceola County Health Department
(Firm/ Company)

1875 Boggy Creek Road

(Address)

Kissimmee Florida 34744

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Ray Plummer

at

(407) 343-2020

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED
04 DEC 23 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Primary Care Medical Services of Poinciana Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

N03000003108
(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

AMEND - ARTICLE III PURPOSE

Remove -

The purpose for which the corporation is organized is: To ensure that medically underserved and eligible persons in the Poinciana community and Osceola County have access to comprehensive primary health care services.

Replace with -

The purposes for which the corporation is organized are exclusively charitable and educational within the meaning of section 501(C) (3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law.

ADD - ARTICLE VIII POWERS

Notwithstanding any other provisions of these articles, this corporation shall not carry on any activities not permitted to be carried on by an organization exempt from Federal Income tax under section 501 (c) (3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law.

ADD - ARTICLE IX DISSOLUTION

In the event of dissolution, the residual assets of the corporation will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1986 or corresponding sections of any prior or future Internal Revenue Code, or to the State or local government for exclusive public purpose.

(continued)

The date of adoption of the amendment(s) was: December 7, 2004

Effective date if applicable: December 7, 2004
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 11th day of December, 2004.

Signature Mary Ann Barry
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Mary Ann Barry
(Typed or printed name of person signing)

Chairperson
(Title of person signing)

FILING FEE: \$35