

N030000003108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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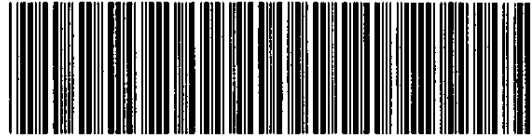


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09 APR 29 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
Teller's
5-5-09

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: N 03000003108

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

Please return all correspondence concerning this matter to the following:

Sheri Brammer (M A Barry)
(Name of Contact Person)

Primary Care Medical Services
(Firm/ Company)

1875 Boggy Creek Rd.
(Address)

Kissimmee, FL 34744
(City/ State and Zip Code)

For further information concerning this matter, please call:

Sheri Brammer (or Ms. M A Barry) at (407) 343-2016
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATE OF FLORIDA		VOUCHER SCHEDULE		DATE 05/05/2009		S-W/Agency Voucher No. D90-0063-2354 000847	
OLO 640000		JT-2					
DEPARTMENT OSCEOLA COUNTY HEALTH DEPARTMENT							
SITE OSCEOLA CHD - VALARIE MOORE							
CFO ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	25	TRANS CODE	45	
CFO ACCOUNT NAME							
INVOICE	INVOICE AMOUNT	INCREASE AMOUNT		INCREASE AMOUNT			
64202141001-6420070049-04000000		4990	43.75		43.75		
COUNTY HEALTH DEPARTMENT TRUST EXPENSES							
INV: PCMS/P 43.75							
45101000132-4530010000-00010000							
GENERAL REVENUE FUND FEES							
TRANSACTION TYPE: JOURNAL ADVICE			TOTAL		TOTAL		
			43.75		43.75		
I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.		<i>For State Comptroller's Use Only</i>					
APPROVED:		Time In		Audited By			
TITLE							



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

April 28, 2009

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

With this letter Primary Care Medical Services of Poinciana, Inc. (document number N 03000003108) is submitting the required cover letter and Articles of Amendment so that our Articles of Incorporation are correct. As a Florida state agency that is not exempt from payment and per Angel Granger in your office, ~~we will be billed at the end of the month in the amount of \$43.75 for the filing fee and certified copy.~~ Our office would like to process payment to you in the form of a journal transfer. *see attached*

If you have any questions, please feel free to contact me (407) 343-2118 or Jennifer_Grievs@doh.state.fl.us. May I thank you in advance for your prompt attention to our request.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Grievs".

Jennifer Grievs
Accountant I
Osceola County Health Department

RECEIVED
2009 APR 29 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
09 APR 29 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

N 03000003108
(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:

A. If amending name, enter the new name of the corporation:

n/a

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

1875 Boggy Creek Rd.

Kissimmee, FL 34744

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

1875 Boggy Creek Rd.

Kissimmee, FL 34744

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

M A Barry c/o Sheri Brammer

New Registered Office Address:

1875 Boggy Creek Rd.

(Florida street address)

Kissimmee, Florida 34744
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

An amendment by the board to the to the Articles of Incorporation, III (Purpose) as amended in
 2004 to add the following language after deleting the period at
 end of sentence that ends in the word 'law' and adding the following:

" and include, but are not necessarily limited, to: a) provision of primary care, dental and other health care
 services as appropriate; and b) engaging in development activities and the creation of jobs relating to
 health care; and c) education, outreach and referral; and d) other activities as allowed under
 the IRS Code of 1986, Section 501 (C) (3) or any future corresponding provision of any future
 United States Internal Revenue law and the laws of the State of Florida "

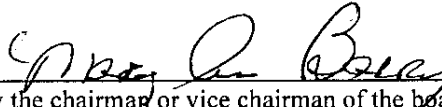
The date of each amendment(s) adoption: Saturday, April 18 2009

Effective date if applicable: immediately
(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(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated April 21, 2009

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

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

Chair, Board of Directors
(Title of person signing)