

ND 50000/1/28

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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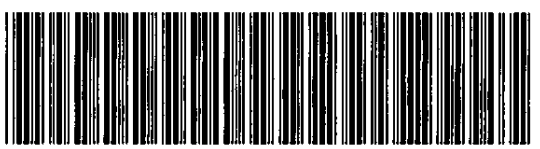
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PRIMARY CARE ACCESS NETWORK FUND, inc.

DOCUMENT NUMBER: NO 50000 11128

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

Please return all correspondence concerning this matter to the following:

GEORGE F. ELLIS  
(Name of Contact Person)

PRIMARY CARE ACCESS NETWORK FUND  
(Firm/ Company)

92 WISTERIA DRIVE  
(Address)

LONGWOOD, FL 32779  
(City/ State and Zip Code)

For further information concerning this matter, please call:

GEORGE ELLIS at (407) 928-8866  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

PRIMARY CARE ACCESS NETWORK FUND, INC.  
(Name of corporation as currently filed with the Florida Dept. of State)

FILED  
06 MAY 17 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NO 50000 11/28  
(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):**

FLORIDA HEALTH FUND, INC.  
(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)**


- I. Name: "FLORIDA HEALTH FUND, INC."
- II. PRINCIPAL PLACE OF BUSINESS:  
92 WISTERIA DRIVE  
LONG WOOD, FL 32779
- III. Replace "PRIMARY CARE ACCESS NETWORK FUND, INC."  
with "FLORIDA HEALTH FUND, INC."

The date of adoption of the amendment(s) was: MARCH 1, 2006

Effective date if applicable: \_\_\_\_\_  
(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.

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.)

GEORGE F. ELLIS  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**