P00000051456

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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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CIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	poration: <u>Doctors</u>	Care Health	<u> Services Inc.</u>
DOCUMENT N	umber: <u>P00000</u>	51456	
The enclosed Arti	cles of Amendment and fee are	e submitted for filing.	
Please return all c	orrespondence concerning this	matter to the following:	
	Jodi L. Duder (Name of	ney Contact Person)	
<u></u>	(Firn	n/ Company)	
	1050 S.E. MO	onterey Road, 3	<u> buite # 1</u> 01
	Stuart, FL 3	34994 te/ and Zip Code)	
For further inform	ation concerning this matter, p		
	Dudeney le of Contact Person) lk for the following amount:		3 - <u>6300</u> ne Telephone Number) Extr 104
■ \$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	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 21, 2004

JODI L. DUDENEY 1050 S.E. MONTEREY RD., STE. #101 STUART, FL 34994

SUBJECT: DOCTORS CARE HEALTH SERVICES INC

Ref. Number: P00000051456

We have received your document for DOCTORS CARE HEALTH SERVICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2004 corporate annual report form in a timely manner. To reinstate the corporation you must submit the attached reinstatement application or annual report form and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600 reinstatement fee, \$61.25 filing fee for the current year, and \$88.75 corporate supplemental fee for the current year.

Therefore, the total amount due to reinstate the corporation is \$750.00. Add an additional \$8.75 for each certificate of status requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard Document Specialist

Letter Number: 204A00060607

2005 JAN -7 AM 8: 17

Articles of Amendment to

Articles of Incorporation

Doctors Care Health Services Inc.
(Name of corporation as currently filed with the Florida Dept. of State)
14500000 51456
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
Physicians Health Care Inc. (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions
for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 10.7-04	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved by the shareholders. The number of votes cast the amendment(s) by the shareholders was/were sufficient for approval.	for
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval t	у
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder act and shareholder action was not required.	ior
☐ The amendment(s) was/were adopted by the incorporators without shareholder action a shareholder action was not required.	and
Signed this 7th day of October . 2004	
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Paul A. Elliott (Typed or printed name of person signing)	
President (Title of person signing)	

FILING FEE: \$35