

PO1000094423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300058326933

08/08/05--01008--019 **43.75

CLERK OF STATE
TALLAHASSEE, FLORIDA
05 AUG - 8 PM 4:30

FILED

gy Ame

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Preferred Health Associates, Inc.

DOCUMENT NUMBER: PO1000094423

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

Please return all correspondence concerning this matter to the following:

Brian Clough
(Name of Contact Person)

Preferred Health Associates, Inc.
(Firm/ Company)

3209 SW Port St. Lucie Blvd #114
(Address)

Port St. Lucie, FL. 34953
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Brian Clough at (772) 873-5598
(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 &
Certificate of Status
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certificate of Status
(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

Preferred Health Associates, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

P01000094423

(Document number of corporation (if known))

STATE
TALLAHASSEE,
FLORIDA

05 AUG -8 PM 4:30

FILED

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(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)**

① Please Delete Robyn Clough as Vice President
address 4590 SW Cocoa St. PSL, FL. 34953

② Please change the address for Brian Clough (President)
to 3209 SW Port Saint Lucie Blvd #114
Port St. Lucie, FL. 34953

(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: 8/3/05

Effective date if applicable: 8/3/05
(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 for the amendment(s) by the shareholders was/were sufficient for approval.
- 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 by _____"
(voting group)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this third day of August, 2005

Signature Brian Clough
(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)

Brian Clough

(Typed or printed name of person signing)

President

(Title of person signing)