

P03000042143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

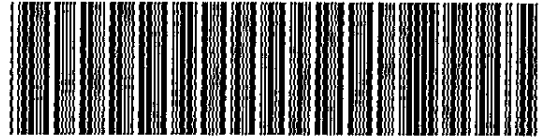
(Document Number)

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04 JAN -7 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P03000042143  
H3 Arrived  
\* Out from  
\* Walsh  
1-7-04

ORIGINAL

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Adding an officer

**DOCUMENT NUMBER:** P03000042143

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

Please return all correspondence concerning this matter to the following:

Elena Anderson

(Name of Person)

Statewide Medical Management, Inc.

(Name of Firm/ Company)

5613 NW 125 Avenue

(Address)

Coral Springs, Florida 33076

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Elena Anderson

(Name of Person)

at ( 954 ) 579-1341

(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  
(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**

Statewide Medical Management, Inc.

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

P03000042143

(Document number of corporation, if known)

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):**

N/A

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

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

Adding the following officer:

R. Shawn Anderson- Vice President & Co-Owner

5613 NW 125 Avenue

Coral Springs, Florida 33076

(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)

N/A

(continued)

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TALLAHASSEE, FLORIDA

FILED

The date of each amendment(s) adoption: 10/20/2003

Effective date, if applicable: 10/20/2003  
(no more than 90 days after amendment file date)

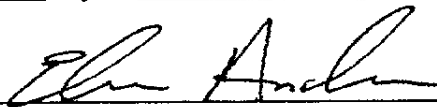
Adoption of Amendment(s) **(CHECK ONE)**

- ☐ 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 26 day of December, 2003.

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)

Elena Anderson  
(Typed or printed name of person signing)

Director & Owner  
(Title of person signing)

**FILING FEE: \$35**