

P030000068374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

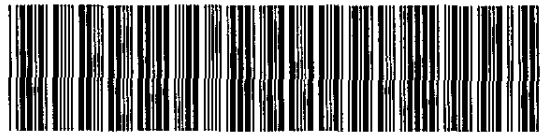
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/30/04--01002--008 \*\*43.75

name  
change  
amend

FILED  
APR 30 PM 12:24  
TALLAHASSEE, FLORIDA

FILED  
APR 30 PM 3:19  
TALLAHASSEE, FLORIDA  
26900672  
X00789, 0072/00

ROR  
5/2/04

Sunstate Research

Requester's Name

Address

City/State/Zip

Phone #

656-5454

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Doctors Choice Healthcare Plans  
(Corporation Name) (Document #)

2. Incorporate ?  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in  
☐ Mail out

☐ Pick up time  
☐ Will wait

☐ Photocopy

☒ Certified Copy  
☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☒ Amendment
- ☐ Resignation of R. A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 30, 2004

Sunstate Research Associates  
143 W. Whetherbine Way  
Tallahassee, FL 32301

SUBJECT: DOCTORS CHOICE HEALTHCARE PLANS, INC.  
Ref. Number: P03000068374

*Corrected  
- please have  
dated  
4/30/04 if  
possible*

We have received your document for DOCTORS CHOICE HEALTHCARE PLANS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Document Specialist

Letter Number: 404A00029557

RECEIVED  
MAY -3 PM 2:14  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT TO  
ARTICLES OF INCORPORATION  
OF DOCTORS CHOICE HEALTHCARE PLANS, INC.**

**Document No. P03000068374**

FILED  
04 APR 30 PM 3:19  
TALLAHASSEE, FLORIDA

Pursuant to Section 607.1005 of the Business Corporation Act of the State of Florida, the undersigned, being the Sole Incorporator of DOCTORS CHOICE HEALTHCARE PLANS, INC. (hereinafter the "Corporation"), a Florida corporation, and desiring to amend its Articles of Incorporation, does hereby certify:

**ARTICLE I**  
**NAME**

The name of the Corporation shall be changed to Medica HealthCare Plans, Inc.

The foregoing amendment was adopted by all of the Directors of the Corporation pursuant to section 607.1005 of the Florida Business Corporation Act, effective as of April 15, 2004. Therefore, a unanimous consent of the directors for the amendment to the Corporation's Articles of Incorporation was sufficient for approval and no shareholder approval was required.

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Amendment to Articles of Incorporation this 16 day of April, 2004.

  
\_\_\_\_\_  
Rafael P. Perez  
President