P03000088803

(Requestor's Name)
(Address)
(Address)
(100,000)
10th 10th 17th 17th and 49
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Essential)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Finnig Officer.
1
1
į

Office Use Only



800024442998

11/10/03--01058--013 **35.00

DIVISION OF CORPORATIONS
7001 NOV 10 PM 2: 59

1200 Chang 11/17/03 De

THE LAW OFFICES OF

Paul M. Guntharp, Jr., P.A.

November 6, 2003

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32301

Re: PHILIP P. GOODWIN, M.D., P.A.

Dear Sir/Madam:

Enclosed please find Articles of Amendment for the above corporation. Also enclosed is a check in the amount of \$35.00 representing your fee. At your earliest convenience, please return acknowledgment of the amendment to the undersigned. Thank you.

If you have any questions, please call.

Very truly yours,

Paul M. Guntharp, Jr.

PMG:rm Enclosure



ARTICLES OF AMENDMENT OF

PHILIP P. GOODWIN, M.D., P.A.

Pursuant to the provisions of Section 607.1006 of the Florida Business Corporation Act, the undersigned corporation adopts the following Articles of Amendment of its Articles of Incorporation:

Article I of the Articles of Incorporation of PHILIP P. GOODWIN, M.D., P.A. is hereby amended to read as follows:

The name of this corporation is:

PALM COAST INTERNAL MEDICINE, P.A.

The corporation has fewer than thirty-five (35) shareholders and all owners of stock signed the written action adopting this Amendment to the Articles of Incorporation.

There are no separate voting groups and no other voting group is entitled to vote separately. The number of votes cast were sufficient for approval.

IN WITNESS WHEREOF, the undersigned President, Secretary and all of the shareholders of this Corporation have executed these Articles of Amendment this _____ day of November, 2003.

PHILIP P. GOODWIN, M.D., P.A.

Philip P. Goodwin, M.D., President,

Secretary and Shareholder

STATE OF FLORIDA COUNTY OF FLAGLER

BEFORE ME, the undersigned authority, authorized to take acknowledgments in the State and County aforesaid, personally appeared Philip P. Goodwin, M.D., as President and Secretary of PHILIP P. GOODWIN, M.D., P.A., known to me and known by me to be the person described in and who executed the foregoing instrument and who acknowledged before me that together, he owns all of the issued and outstanding shares of PHILIP P. GOODWIN, M.D., P.A. and that he executed this instrument for the purpose therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this day of <u>November</u>, 2003.

Notary Public

My Commission Expires:

