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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



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UNETANT OF STAT

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COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

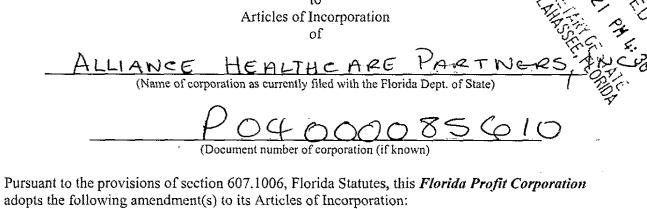
NAME OF CORE	PORATION: ALLIA	NCE HEALTH	CARE PARTNERS.
DOCUMENT NU	(),	8 0000 PC	5610
The enclosed Artic	eles of Amendment and fee a	ere submitted for filing.	0
Please return all co	orrespondence concerning thi	is matter to the following:	THE T
	JIH M (Name	ARY MARVICEA of Contact Person)	21 PM 4: 30
	(Fi	rm/ Company)	Series of the se
	2510 BUEN	(Address)	D,
	Vero Bea (City/St	Ch. FL 3a	960
For further informa	ation concerning this matter,	please call:	
JILL (Name	- MARVICH e of Contact Person)	at (772) 26 (Area Code & Daytin	39 - 1322 ne Telephone Number)
Enclosed is a check	k 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 Certified Copy (Additional Copy is enclosed)
Ma	iling Address	Street Address	•

Amendment Section

409 E. Gaines Street Tallahassee, FL 32399

Division of Corporations

Articles of Amendment to



NEW CORPORA				0	0- 1	
	IANCE					nc
(Must contain the work (A professional corpor	d "corporation," "con ration must contain th	pany," or "incorpora e word "chartered", '	ted" or the abbrey professional asso	riation "Corp.," " ciation," or the al	Inc.," or "Co.") bbreviation "P.A.")
AMENDMENTS and/or Article Title					ticle Number(s)
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KATHRY	NA MA	avich	TR	LEASUR	EFR.	, s
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If an amendment profor implementing the	rovides for exchar	nge, reclassification	on, or cancellat			
		, .	TO 1		2"	

(continued)

Effective date if applicable:	7/18/04.
The state of the second of the	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	was/were approved by the shareholders. The number of votes cast for y the shareholders was/were sufficient for approval.
☐ The amendment(s) following statement separately on the ar	was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote nendment(s):
"The number of	votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	was/were adopted by the board of directors without shareholder action was not required.
☐ The amendment(s) v shareholder action v	was/were adopted by the incorporators without shareholder action and was not required.
Signed this 18 day of	July 2004.
Signature	Reld Lune
selecte	lirector, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	RICHARD L MARVICH
	(Typed or printed name of person signing)
	Prosident
	(Title of person signing)

FILING FEE: \$35