

P04000131709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

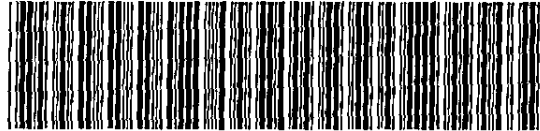
(Business Entity Name)

(Document Number)

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05 JAN 19 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
1/20/05

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Suncoast Physician Health Plan, Inc

DOCUMENT NUMBER: P04000131709

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

Please return all correspondence concerning this matter to the following:

Steven Romanello
(Name of Contact Person)

Romanello Professional Association
(Firm/ Company)

11355 Heon Bay Blvd. Suite 200
(Address)

Coral Springs, FL 33076
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Steven Romanello at (954) 603 0122
(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 &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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

Romanello Professional Association

11555 HERON BAY BOULEVARD, SUITE 200
CORAL SPRINGS, FLORIDA 33076
TELEPHONE: 954.603.0122
FAX: 954.772.3883

SJR04-212

November 22, 2004

sromanello@romanellopa.com

Via Overnight Delivery

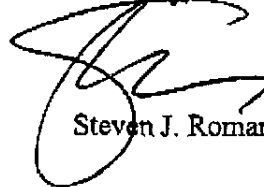
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32314

Re: *Amendment to Articles of Incorporation*

To Whom it May Concern:

My firm represents Suncoast Physician Health Plan, Inc., a Florida corporation (hereinafter referred to as "Suncoast"). Suncoast has instructed me to amend its Articles of Incorporation by appointing Alan S. Graubert, M.D. as Vice-President of Suncoast. Accordingly, please find enclosed the Action by Unanimous Written Consent of the Board of Directors of Suncoast in Lieu of Meeting appointing Alan S. Graubert, M.D. as Vice President of Suncoast and check no. ~~1004~~ in the amount of \$35.00 to cover the filing fees related thereto. Should you have any questions, please feel free to contact me at your convenience.

Sincerely,



Steven J. Romanello, Esq.

SJR/jlr

Cc: Suncoast Physician Health Plan, Inc.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 16, 2004

Steven J. Romanello, Esq.
11555 Heron Bay Blvd., Ste. 200
Coral Springs, FL 33076

SUBJECT: SUNCOAST PHYSICIAN HEALTH PLAN, INC.
Ref. Number: P04000131709

We have received your document for SUNCOAST PHYSICIAN HEALTH PLAN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Minutes are not filed with the Division of Corporations and should be kept with the records of the corporation. Any changes that are being made to the articles of incorporation can be made by filing articles of amendment. Enclosed is an amendment form.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 004A00070088

RECEIVED
05 JAN 19 PM 10:25
DIVISION OF CORPORATIONS

Articles of Amendment
to
Articles of Incorporation
of

Suncoast Physicians Health Plan, Inc.

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

PO 4000 131709

(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):

Suncoast Physicians Health Plan, Inc.

(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)**

Article VII is to be amended to include

Alan S. Graubert, M.D. as Vice President

of the corporation.

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05 JAN 19 PM 4:53
SEATTLE, FLORIDA
TALLAHASSEE, FLORIDA

(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)

The date of each amendment(s) adoption: November 22, 2004

Effective date if applicable: _____
(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 22nd day of November, 2004.

Signature

Wayne Case

(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)

Wayne Case

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35