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04/01/05--01033--018 **35.00

Amend

T BROWN APR 1 1 2005

COVER LETTER

TO: Amendment Section Division of Corporations Soncoast Physicians Hearth Plan, Fric. NAME OF CORPORATION: P04000 131709 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Steven J. Romando Romanulo Professional Association 11505 thron Bay Blud, Suite 200 Coral Springs, Pl 33076 For further information concerning this matter, please call: at (5,74) 663.0/22 Enclosed is a check for the following amount: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

enclosed)

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

(Additional Copy is enclosed)

05 APR - 1 AM 9: 10

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of
Suncoast Physicians Health Plan, Inc. (Name of corporation as currently filed with the Florida Dept. of State)
PO4000 131 709 (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):
(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)
See Articles of Amendment to Mc Articles
thath Plan, Inc. attached here to and
herio.
(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)

(continued)

SUNCOAST PHYSICIANS HEALTH PLAN, INC.

ARTICLE V

The Corporation is hereby removing the following director and officer due to resignation:

Title: Director and Secretary MANNY HERNANDEZ 7000 W 12th Avenue Hialeah, FL 33014

Title: Vice-President and Vice-Chairman of the Board of Directors ALAN S. GRAUBERT, M.D. 2900 Glades Circle, Suite 500 Weston, FL 33327

The Corporation is hereby appointing the following directors and/or officers:

Title: Chief Executive Officer and Chairman of the Board of Directors ALAN S. GRAUBERT, M.D. 2900 Glades Circle, Suite 500 Weston, FL 33327

Title: Vice-President, Secretary and Chief Financial Officer KENNETH A. FELDMAN 2900 Glades Road, Suite 250 Weston, FL 33327

The date of each amendment(s) adoption: MATA 7, 2005
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amenument the date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
☐ 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 7th day of March 2005.
Signature Signature
(By a flirector, 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)
(Typed or printed name of person signing)
V.A+CFO
(Title of person signing)

FILING FEE: \$35