## P04000164473

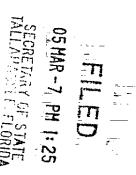
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Primary	Care of Northeast Flo	orida, Inc.
DOCUMENT NUMBER: P04000164	1473	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
Claire D. Smith		
(Name	e of Contact Person)	
Collins & Company,		
(F	Firm/ Company)	
325 S. Ohio Avenue		-
	(Address)	
Live Oak, Florida	32064	-
(City/ S	State/ and Zip Code)	· ·
For further information concerning this matter	r, please call:	
Claire D. Smith	at ( 386 ) 362-10	40
(Name of Contact Person)	(Area Code & Daytime T	Felephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\Bigcup \$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	Street Address Amendment Section Division of Corporations 409 E. Gaines Street	-

Tallahassee, FL 32399



February 28, 2005

CLAIRE D SMITH 325 S OHIO AVE LIVE OAK, FL 32064

SUBJECT: PRIMARY CARE OF NORTHEAST FLORIDA, INC.

Ref. Number: P04000164473

We have received your document for PRIMARY CARE OF NORTHEAST FLORIDA, 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):

The specific nature of business of the professional association must be stated in the document.

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) 245-6927.

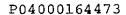
Tracy Smith Document Specialist

Letter Number: 305A00013852

## Articles of Amendment to -Articles of Incorporation of

Primary Care of Northeast Florida, Inc.

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



(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): Primary Care of Northeast Florida, (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.") <u>AMENDMENTS ADOPTED-</u> (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) (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)

The date of each amendment(s) adoption: $\sqrt{\sqrt{o}}$	
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 the amendment(s) by the shareholders was/were sufficient for approval.	for
☐ 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 was not required.	tion
☐ The amendment(s) was/were adopted by the incorporators without shareholder action shareholder action was not required.	and
Signed this 7 day of Jebruary 2005.  Signature Manual Collection	
(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)	
Steven W. Collins (Typed or printed name of person signing)	
Theorporator (Title of person signing)	

FILING FEE: \$35