

PD5000022853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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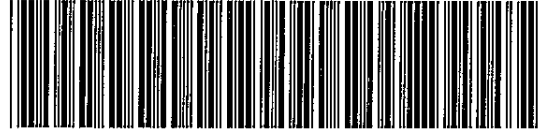
(Business Entity Name)

(Document Number)

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FILED
06 FEB 10 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NIC Amend
S



February 7, 2006

Sandy Payne
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Amendment filing P05000022853 CareOne Health Plan, Inc.


Dear Ms. Payne,

Please accept our apology for the omission of the filing fee from CareOne's Article of Amendment filing that was mailed on February 2, 2006. Per our conversation on February 7, 2006, we are enclosing a check for the amount of the filing fee in this letter. We have enclosed a check in the amount of \$43.75 in payment for the filing fee of \$35.00 plus an additional \$8.75 fee to request a certified copy of the document.

We thank you for your assistance in this matter. Please let us know if there are any additional requirements needed from CareOne Health Plan, Inc. in order to complete this filing.

If you have any questions concerning this inquiry please contact me at, 813-901-9208.

Thank you,


Francoise Culley-Trotman
Compliance Officer
CareOne Health Plans
5501 W Waters Ave, Ste 401
Tampa, FL 33634
813-901-9208

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CareOne Health Plan, Inc.

DOCUMENT NUMBER: P05000022853

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

Please return all correspondence concerning this matter to the following:

Francoise Culley-Trotman

(Name of Contact Person)

CareOne Health Plan, Inc.

(Firm/ Company)

5501 W Waters Ave, Ste 401

(Address)

Tampa, FL 33634

(City, State and Zip Code)

For further information concerning this matter, please call:

Francoise Culley-Trotman

(Name of Contact Person)

at (813) 901-9208 ext 103

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

06 FEB 10 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CareOne Health Plan, Inc.

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

P05000022853

(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):

PartnerCare 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 1- Name Change

Article 1 is amended to read as follows. "The Name of the Corporation is PartnerCare Health Plan, Inc. hereinafter, the "Corporation").

(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)

N/A

(continued)

The date of each amendment(s) adoption: 1/31/2006

Effective date if applicable: ^{per} 2/1/2006

(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.

Signature

Ray L. Register
(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)

Ray L. Register

(Typed or printed name of person signing)

Treasurer/Secretary

(Title of person signing)

FILING FEE: \$35