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Account Number : 076666002273 Phone : (904)398-3911 Fax Number : (904)396-0663

COR AMND/RESTATE/CORRECT OR O/D RESIGN

HAMPTON PARK FAMILY CARE, P.A.

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Articles of Amendment to Articles of Incorporation of

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SECRETARY: OF STATE
TALLAHASSEE FLOOD

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	ton Park Family Care, P.A. as currently filed with the Florida Dept. of	of State)
(
	P06000059696	
(Docume	ent number of corporation (if known)	
Pursuant to the provisions of section 60' adopts the following amendment(s) to it		la Profit Corporation
NEW CORPORATE NAME (if chang	ing):	
N/A		10.
(Must contain the word "corporation," "company (A professional corporation must contain the wo	ord "chartered", "professional association,"	or the abbreviation "P.A.") (1.13 - 3)
AMENDMENTS ADOPTED- (OTHE and/or Article Title(s) being amended, a		cate Article Number(s) 💯 👵
Article VI - Initial Board of Di	irectors	to the house
The number of Directors constitution shall be one and the name and add		
thereof is:		it and the
NAME	ADDRESS	社会 人员"
Alexander Moore, M.D.	3342 Fitch Street	
	Jacksonville, Florida	32205
(Attac	ch additional pages if necessary)	
If an amendment provides for exchange, for implementing the amendment if not c		
N/A	·	
	(continued)	

H06000168538

The date of each amendment(s) ad	loption: June 23, 2006	****
Effective date if applicable: Upo	n Filing	
Adoption of Amendment(s)	(CHECK ONE)	
	were approved by the shareholders. The nur shareholders was/were sufficient for appro	
	vere approved by the shareholders through the separately provided for each voting groment(s):	
"The number of votes	s cast for the amendment(s) was/were suffic	cient for approval by
((voting group)	
The amendment(s) was/w and shareholder action was	were adopted by the board of directors with as not required.	out shareholder action
The amendment(s) was/w shareholder action was no	vere adopted by the incorporators without sot required.	hareholder action and the line of the line
of the Migrae		
Signature	m	•
(By a director selected, by	president or other officer - if directors or officers an incorporator - if in the hands of a receiver, truste duciary by that fiduciary)	have not been "of see, or other court
Alexand	ler Moore, M.D.	
	(Typed or printed name of person signing)	O6
Incorpo		JUN CRET CAH
	(Title of person signing) FILING FEE: \$35	LED 28 PM 2: 47 ARY OF STATE SSEE FLORIDA