

P07000128219
Division of Corporations Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
PHYSICIANS HEALTH CHOICE OF FLORIDA, INC.

Certificate of Status	0
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Page Count	04
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AJR
6/24/08

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PHYSICIANS HEALTH CHOICE OF FLORIDA, INC.
2. The principal office address: 8637 FREDERICKSBURG ROAD, SUITE 400, SAN ANTONIO, TX 78240
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/30/2007 Document number: P07000128219

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI SERVICES, INC.

2731 EXECUTIVE PARK DRIVE, SUITE 4

WESTON, FL 33331

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

Jim Castro, Attorney-in-Fact
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System
By: Howard L. Volz 6/2/2008
(Signature of Registered Agent) (Date)

If signing on behalf of an entity: **Howard L. Volz**
Asst. Secretary

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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TALLAHASSEE, FLORIDA

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT George M. Popier, M.D., the (Physician Founder and Chairman) of WellMed Medical Management, Inc, a corporation incorporated under the laws of Texas, and of the subsidiary and affiliated entities shown on the list appended hereto does hereby appoint Jim Castro, CT representative, as attorney-in-fact for the Corporation and for the subsidiary and affiliated entities to act for the Corporation and for the subsidiary and affiliated entities and in the name of the Corporation and of the subsidiary and affiliated entities for the limited purposes authorized herein:

The Corporation, subsidiary and affiliated entities, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's, the subsidiary and the affiliated entities' registered agent and registered office, or the agent and office of similar import, in any state.

In the execution of any documents necessary for the purposes set forth herein, Jim Castro will act with power of signatory.

This Power of Attorney expires when revoked by signatory

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 29th day of May, 2008

George M. Popier
Officer Name and Title:

George M. Popier
Signature:

Well Med Medical Management, Inc.
Company Name:

Subscribed and sworn to before me this 29 day of May, 2008

WellMed and Affiliated Entities

WellMed and Subsidiaries:

- 1 WellMed Medical Management, Inc.
- 2 Comfort Care Transportation, LLC
- 3 WellMed of Indiana, LLC
- 4 WellMed Medical Management of Florida, Inc.
- 5 PHC Subsidiary Holdings, LLC
- 6 PSO Health Services, LLC
- 7 Physicians Health Choice of New Mexico, Inc.
- 8 Physicians Health Choice of Louisiana, Inc.
- 9 Physicians Health Choice of South Carolina, Inc.
- 10 Physicians Health Choice of Florida, Inc.
- 11 Physicians Health Choice of Arkansas, Inc.

Affiliated Entities:

- 12 Princeton Integrated Physicians Association of San Antonio (I), Inc.
- 13 Bexar Imaging Center, LLC
- 14 Princeton Medical Group, PA
- 15 HMG Medical Group, PA
- 16 TMG Medical Group, PA
- 17 WellMed of Corpus Christi, Inc.
- 18 WellMed of El Paso, Inc.
- 19 WellMed of Las Cruces, Inc.
- 20 WellMed of North Texas, Inc.
- 21 WellMed of Rio Grande, Inc.
- 22 WellMed Network of Florida, Inc.
- 23 WellMed of Arkansas, Inc.
- 24 WellMed of Louisiana, Inc.
- 25 WellMed of South Carolina, Inc.
- 26 WellMed Charitable Foundation
- 27 WellMed Employee Health Plan Trust