

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H10000097972 3)))



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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
PHYSICIAN'S CARE PARTNERS, INC.

Certificate of Status	0
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Corporate Filing Menu

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2010 APR 27 PM 1:12  
TALLAHASSEE, FLORIDA  
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*Amex*  
*4/27/10*



April 27, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PHYSICIAN'S CARE PARTNERS, INC.  
3358 W SOUTH PORT ROAD  
UNIT 5  
KISSIMMEE, FL 34746

SUBJECT: PHYSICIAN'S CARE PARTNERS, INC.  
REF: P08000001977

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included 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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

FAX Aud. #: H10000097972  
Letter Number: 410A00010357

RECEIVED  
2010 APR 27 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

PHYSICIAN'S CARE PARTNERS, INC.

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

P08000001977

(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:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

LUIS M. GARRASTEGUI MD

New Registered Office Address:

3358 W SOUTH PORT ROAD

(Florida street address)

KISSIMMEE

(City)

Florida 34746

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

*[Signature]*  
Signature of New Registered Agent, if changing

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CLERK OF THE CIRCUIT COURT

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	LUIS M. GARRASTEGUI MD	3358 W SOUTH PORT ROAD KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
PD	RAFAEL A. RODRIGUEZ	3358 W SOUTH PORT ROAD KISSIMMEE FL 34746	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an 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)*

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The date of each amendment(s) adoption: 04-14-2010  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted 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

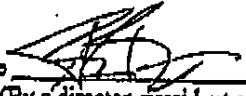
by \_\_\_\_\_"  
(voting group)

☐ 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.

Dated 04-14-2010

Signature

  
(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)

RAFAEL A. RODRIGUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)