

4 Roberts DEC 08 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2009

DR DZLICIA HAYMES  
1898 S CLYDE MORRIS BLVD STE 360  
DAYTONA BEACH, FL 32119

SUBJECT: FAMILY FIRST HEALTH CENTER INC.  
Ref. Number: P08000014578

We have received your document for FAMILY FIRST HEALTH CENTER 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 business purpose 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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 909A00036263

OFFICE

NOV 23 10:00 AM '09

STANDARD  
FASSEE FLORES

**COVER LETTER**

TO: Amendment Section  
• Division of Corporations

NAME OF CORPORATION: FAMILY FIRST HEALTH CENTER INC

DOCUMENT NUMBER: P 08000014578

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

Please return all correspondence concerning this matter to the following:

DR. DELICIA HAYNES

Name of Contact Person

Firm/ Company

1898 S. CLYDE MORRIS BLVD SUITE 360

Address

DAYTONA BCH FL 32119

City/ State and Zip Code

delicia.mone@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. HAYNES

Name of Contact Person

at ( 386 ) 492-1064

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FAMILY FIRST HEALTH CENTER INC 09 DEC -7 AM 8:33

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

P 080000 14578

(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:**

FAMILY FIRST HEALTH CENTER P.A.

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)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(City) (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 of New Registered Agent, if changing

**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>
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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)*

Family First Health Center is a Family Medicine medical clinic. We offer ~~N/A~~ preventive health care for all ages. There has been no change to the function of the clinic. We are changing from Inc to PA at the recommendation of a consultant.

**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)*

N/A

The date of each amendment(s) adoption: 11.1.09  
(date of adoption is required)  
Effective date if applicable: 11.1.09  
(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: 11/1/09

Signature: [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)

Debbie M. Haynes, MD  
(Typed or printed name of person signing)

C.E.O. Family First Health Center  
(Title of person signing)