# P11000019131

| (Req                       | uestor's Name)  |             |
|----------------------------|-----------------|-------------|
| (Address)                  |                 |             |
| (Add                       | ress)           |             |
| (City/                     | State/Zip/Phon  | e #)        |
| _                          | WAIT            |             |
|                            |                 |             |
| (Busi                      | ness Entity Nai | me)         |
| (Docu                      | ument Number)   | )           |
| Certified Copies           | Certificate     | s of Status |
| Special Instructions to Fi | ling Officer:   |             |
|                            |                 |             |
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Office Use Only



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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPOR  | ATION:                                     | Florida Family Healthcare Cor  | poration  |
|---|--|--|---|
| DOCUMENT NUMB   | ER:  | P11000019731   |   |
| The enclosed Articles of  | of Amendment and                           | fee are submitted for filing.  |   |
| Please return all corres  | pondence concernin                         | g this matter to the following:  |   |
|   |  | Steven W. Shown  |   |
|   |  | Name of Contact Person   |   |
| <u> </u>  | Florida                                    | Family Healthcare Corporation  |   |
|   | ·  | Firm/ Company  |   |
|   |  | 2341 Asbury Road   |   |
|   | · · · · · · · · · · · · · · · · · · ·      | Address  |   |
|   |  | Deltona, FL 32738  |   |
|   |  | City/ State and Zip Code   |   |
|   | E-mail address: (to b                      | e used for future annual report notification)                              |   |
| For further information   | concerning this ma                         | tter, please call:   |   |
| Steve   | n W. Shown                                 |  | 48-3679   |
| Name of C   | ontact Person                              | Area Code & Daytime Tele   | ephone Number   |
| Enclosed is a check for   | the following amou                         | int made payable to the Florida Depart                                     | ment of State:  |
|   | \$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 Addre<br>Amendment Se<br>Division of Cor<br>P.O. Box 6327 | ction                                      | Street Address Amendment Section Division of Corporations Clifton Building |   |

2661 Executive Center Circle

Tallahassee, FL 32301

#### **Articles of Amendment** to **Articles of Incorporation** of



### Florida Family Healthcare Corporation

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

P11000019731

| (Document Num   | ider of Corporation (if know | vnj  |
|---|------------------------------|--|
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:   | 5, Florida Statutes, this Fl | orida Profit Corporation adopts the follo  |
| A. If amending name, enter the new name of  | the corporation:             |  |
|   |                              | The new                                    |
| name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj | designation "Corp," "Inc     | " or "Co". A professional corporation      |
| B. Enter new principal office address, if appl  | licable:                     |  |
| (Principal office address <u>MUST BE A STREE</u>  | <u>T ADDRESS</u> )           |  |
|   |                              |  |
|   | <u> </u>                     |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)   |                              |  |
|   |                              |  |
| D. If amending the registered agent and/or renew registered agent and/or the new regis  |                              | Florida, enter the name of the             |
| Name of New Registered Agent:   |                              |  |
| New Registered Office Address:  | (Florida street a            | ddress)                                    |
|   |                              | , Florida                                  |
| -   | (City)                       | (Zip Code)                                 |
| New Registered Agent's Signature, if changin  | o Registered Agent:          |  |
| I hereby accept the appointment as registered as  |                              | nd accept the obligations of the position. |
|   |                              |  |
| <u></u>   | ionature 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, i | f necessary) |
|---------|--------------|-----------|--------------|
| •       |              |           |              |
| TO CAR  | <b>T</b> . T |           |              |

| <u>Title</u>    | <u>Name</u>   | Address  | Type of Action                    |
|-----------------|---|--|-----------------------------------|
| Dir.            | Mulva Pearson, M.D.   | P.O. Box 474<br>Ocoee, FL 34761                                  |                                   |
| <del></del>     |   |  |                                   |
|                 |   |  |                                   |
| (attach ad      | ditional sheets, if necessary). (Be sp  | ecific)  |                                   |
|                 |   |  |                                   |
| <u>provisio</u> | endment provides for an exchange, in the same and ment of applicable, indicate N/A) | reclassification, or cancellation if not contained in the amendr | of issued shares,<br>nent itself: |
|                 |   |  |                                   |
|                 |   |  |                                   |
|                 |   |  |                                   |

| The date of each amendment                          | (s) adoption: <u>04/04/2011</u>   |
|---|---|
| Effective date if applicable:                       | (date of adoption is required)  |
|   | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                            | (CHECK ONE)   |
| The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.  |
|   | re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):   |
| "The number of votes of                             | cast for the amendment(s) was/were sufficient for approval  |
| by  | (voting group)  |
|   | (voting group)  |
| action was not required.                            | re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder  |
| Dated_04/04   | 4/2011  |
| sele  | director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
|   | Steven W. Shown (Typed or printed name of person signing)   |
|   | (1) ped of printed name of person signing)  |
|   | President   |
|   | (Title of person signing)   |