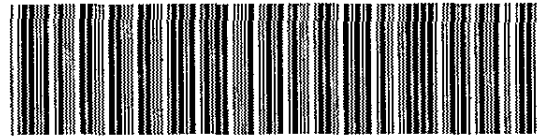


P9300002/334



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09/01/06--01012--014 \*\*35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

*Jay Portage's Asst*  
*DATE of adoption*

FILED  
06 SEP -1 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Is a/s for Amend*



PORTNOY, SHAINBROWN & Co. CPA's, P.A.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

## Filing Instructions

### Physician's Account Manager, Incorporated

### For Articles of Amendment

### Tax Year 2005

**Date Due:** Upon Receipt

**Remittance:**

Payment due of ~~\$43.75~~.

*35.00 received*

A check for the above amount should be made payable to the "Florida Department of State". On the face of your check, type or print your Employer Identification Number and "Articles of Amendment".

**Signature:**

An Officer or Director should sign and date the return.

**Mail to:**

**Amendment Section**  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Special  
Instructions:**

Please review all information on the form for the most current and accurate information available. In the event a correction is required, please notify us immediately to make any corrections necessary. **Do not file the enclosed form if corrections are required.**

Initial and date the "Taxpayer Copy" provided and retain with your records.

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Physician's Account Manager, Incorporated

DOCUMENT NUMBER: P93000021334

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

Please return all correspondence concerning this matter to the following:

Jay R. Portnoy, c.p.a.  
(Name of Contact Person)

Portnoy, Shainbrown & Co. CPA's, P.A.  
(Firm/ Company)

9283 San Jose Boulevard Ste. 101  
(Address)

Jackosville, Florida 32257  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Jay R. Portnoy at ( 904 ) 731-8005  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$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)

*ext. 218*

**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**  
06 SEP -1 PM 3: 16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Physician's Account Manager, Incorporated

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

P93000021334

(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:

**NEW CORPORATE NAME (if changing):**

\_\_\_\_\_  
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

**Additional Officers**

\_\_\_\_\_  
Addition: Title- CEO, T,S and D - Brigitte Barakat 4000 St. Johns Ave. Ste 13A, Jax FL 32205

\_\_\_\_\_  
Addition - Title - P - Haissam Barakat, 4000 St. Johns Ave. Ste 13A, Jax FL 32205

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Attach additional pages if necessary)

If an amendment provides for 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(continued)

The date of each amendment(s) adoption: 8/31/08

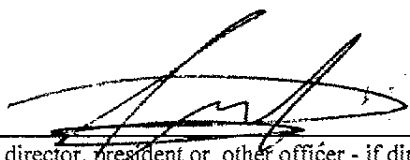
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were approved 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.

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)

HAISSA DARRAT  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**