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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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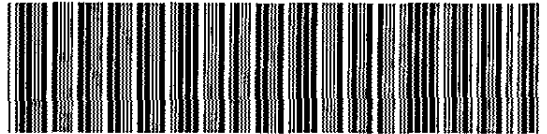
(Business Entity Name)

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• **CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
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Florida Family Rural Health Care Inc

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

☒ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

**ARTICLES OF AMENDMENT
OF
THE ARTICLES OF INCORPORATION
OF
FLORIDA FAMILY RURAL HEALTH CARE, INC.**

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2003 OCT 24 PM 3:30
TALLAHASSEE, FLORIDA

Article I of the Articles of Incorporation of FLORIDA FAMILY RURAL HEALTH CARE, INC., a Florida corporation, is hereby amended to read as follows:

ARTICLE I. NAME

The name of this corporation is: Florida Family Rural Health Care of Avon Park, Inc.


This amendment was recommended for approval by the Board of Directors at a Directors' meeting on the 22nd day of October, 2003 and unanimously approved by all Shareholders of the Corporation, the number of votes being cast for the amendment being sufficient for approval, on the 22nd day of October, 2003.

All other provisions of the Articles of Incorporation as previously amended shall remain unchanged.

DATED this 23rd day of October, 2003.


Ruth A. Karr, President

ATTEST:


Michael Karr, Secretary

**STATE OF FLORIDA:
COUNTY OF HIGHLANDS:**

I HEREBY CERTIFY that on this day before me, an officer duly authorized to take acknowledgments, personally appeared RUTH A. KARR, as President, and MICHAEL KARR, as Secretary, of FLORIDA FAMILY RURAL HEALTH CARE, INC., a Florida corporation, known to me to be the persons described in and who executed the foregoing instrument in the name of that corporation, and who acknowledged before me that they executed the same in behalf of said corporation, and that they were authorized by said corporation to do so.


NOTARY PUBLIC /
STATE OF FLORIDA AT LARGE

