



THE UNITED STATES
CORPORATION
COMPANY

P96000040937

ACCOUNT NO. : 072100000032

REFERENCE : 306235 4378683

AUTHORIZATION :

COST LIMIT : \$ ~~25~~ PPD

ORDER DATE : March 25, 1997

ORDER TIME : 10:11 AM

ORDER NO. : 306235-005

CUSTOMER NO: 4378683

CUSTOMER: Daniel D. Akel, Esq
Holbrook Akel Cold Stiefel &
Suite 2301
One Independent Drive
Jacksonville, FL 32202

name change amend
800002123998--5
-03/25/97--01031--014
*****35.00 *****35.00

DOMESTIC AMENDMENT FILING

NAME: MANDARIN REHABILITATION, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS: _____

Name	<i>Don</i>
Availability	<i>3/26/97</i>
Exam. fee	<i>Don</i>
Up. fee	<i>Don</i>
Ver. fee	<i>Don</i>
W.P. Ver. fee	<i>Don</i>

FILED
97 MAR 25 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
97 MAR 25 PM 1:10
DIVISION OF CORPORATION

ARTICLES OF AMENDMENT
TO ARTICLES OF INCORPORATION OF
MANDARIN PHYSICAL REHABILITATION, INC.
CHANGING ITS NAME TO
PHYSICIANS MEDICAL CENTER, INC.

97 MAR 25 AM 11:33
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Incorporation of this corporation are hereby amended as follows:

1. Article I of the Articles of Incorporation is hereby amended to change the name of the corporation to **PHYSICIANS MEDICAL CENTER, INC.**
2. The effective date of this amendment shall be on this date.
3. This amendment was adopted and approved by the directors and shareholders of this corporation by a joint meeting held on this 21st day of March, 1997.

PHYSICIANS MEDICAL CENTER, INC.

Edward H. Schott
EDWARD H. SCHOTT, President

Attest:

[Signature]
Secretary

(Corporate Seal)

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 21st day of March, 1997, by **EDWARD H. SCHOTT**, President of Physicians Medical Center, Inc., a Florida corporation, on behalf of the corporation. He is personally known to me ☒ and/or produced a driver's license as ID ☐ and did take an oath.

Daniel D. Akel

Notary Public
My Commission expires:

PHYSICIAN .and/ART. 1/SML

