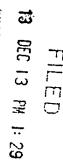
## P96000056603

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## COVER LETTER

T0: Amendment Section
Division of Corporations

NAME OF CORPORATION: Family N	fedicine of Palms West, Inc.		
DOCUMENT NUMBER: P960000566	603		
The enclosed Articles of Amendment and fe	e are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Rose Ericson-Ca	<u> </u>		
	Name of Contact Person		
Family medicine	of Palms West, Inc.		
	Firm/ Company		
13005 Southern	Blvd. #213		
Address			
Loxahatchee, Fl	_ 33470		
	City/ State and Zip Code		
rose arioson efamily	(to be used for future annual report notification)		
2 man audi ess.	and the second s		
For further information concerning this matt	er nlease call:		
To running morning on one many	or, produce carri		
Rose Ericson-Caen	at (561) 676-3930		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amour	at made payable to the Florida Department of State:		
,			
\$35 Filing Fee \$43.75 Filing Certificate of \$			
Certificate of S	Status Certified Copy Certificate of Status (Additional copy is Certified Copy		
	enclosed) (Additional Copy		
	is enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	Medicine of Par currently filed with the Fl	Ims West, Inc.			
P960	クタクラしん 公ろ it Number of Corporation (if				
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporat	tion adopts the following	amen	dment(s) to
A. If amending name, enter the new na	me of the corporation:				
12/A				The	
name must be distinguishable and con- "Corp.," "Inc.," or Co.," or the design word "chartered," "professional Associa	ation "Corp," "Inc," or "(	Co". A professional co			
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		Ala			
		<del></del>	E. S.	ಪ	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST		A10		DEC 13 PH	
				1 1: 29	<u> </u>
D. If amending the registered agent an new registered agent and/or the new			e name of the	ω	
Name of New Registered Agent	Simon Ashi				
	13005 Southern Blvd	i., #213			
	(Florida stre	,	<del></del>		
New Registered Office Address:	Loxahatchee	, FI	lorida 33470		
New Registered Agent's Signature, if c	(City)  thanging Registered Agent:  tered agent. Lam familiar v		(Zip Code) gations of the position.		
	anature of New Registered A	Agent if changing	<del></del>		

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Kathleen S. Rathbun-Duncan	13005 Southern Blvd., #213
Add			Loxahatchee, FL 33470
Remove			
2) Change	D	Simon Ashi	13005 Southern Blvd., #213
Add			Loxahatchee, FL 33470
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

Attac	ding or adding additional Articles, enter change(s) here:  additional sheets, if necessary). (Be specific)
lf an	nendment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself:
prov	ons for implementing the amendment if not contained in the amendment itself:
•	not applicable, indicate N/A)
_	

date this document was signed.	option:	, ii other than ti
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval .	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	12/10/2013	
Signature	utte Pathtu Dunen	_
	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
_	Kathleen Rathbun - Duncen (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
-		_
	(Title of person signing)	