

**P96000102321**

Registrars Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

**FILED**  
 98 AUG 26 AM 9:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

600002602766--8  
 -07/30/98--01063--001  
 \*\*\*\*\*87.50 \*\*\*\*\*87.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Handwritten:*  
 P96000102321  
 NC+Amend 8-26-98  
 H/pt  
 2nd copy

Examiner's Initials \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 31, 1998

INTEGRATED MEDICAL NETWORK, INC.  
9488 SOUTH US #1  
PORT SAINT LUCIE, FL 34952

SUBJECT: MEDICAL MANAGEMENT INTEGRATED SERVICES, INC.  
Ref. Number: P96000102321

We have received your document for MEDICAL MANAGEMENT INTEGRATED SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The word "initial" or "first" should be removed from the article regarding directors, officers, and/or registered agent, unless these are the individuals originally designated at the time of incorporation.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain  
Corporate Specialist

Letter Number: 898A00040281

RECEIVED  
98 AUG 25 PM 12:31  
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT  
TO THE  
ARTICLES OF INCORPORATION  
OF  
**MEDICAL MANAGEMENT INTEGRATED SERVICES, INC.**

1. The following provisions of the Articles of Incorporation of **MEDICAL MANAGEMENT INTEGRATED SERVICES, INC.**, a Florida corporation ("Corporation"), filed with the Secretary of State on April 4, 1997, Charter Number P96000102321, be, and they are hereby, amended as shown below:

- A. Article I., CORPORATE NAME, of the Articles of Incorporation of this Corporation is amended to read in its entirety as follows:

The name of the Corporation is **INTEGRATED BEHAVIORAL HEALTH, INC.**

- B. Article VII., BOARD OF DIRECTORS, of the Articles of Incorporation of this Corporation is amended to read in its entirety as follows:

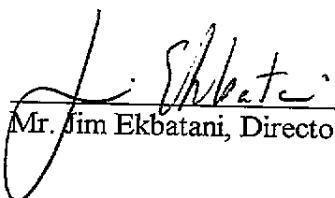
1. The Board of Directors shall consist of one (1) Director. The name and address of the Director is:

Mr. Jim Ekbatani  
9669 Landings Dr.  
Port St. Lucie, Florida 34986

2. The forgoing Amendments were adopted by a Corporate Action by all the Directors of this Corporation, effective as of January 16, 1998. Shareholder action was not required for these amendments.

**IN WITNESS WHEREOF**, the undersigned, being a Director of this Corporation, has executed these Articles of Amendment as of June 30, 1998.

**MEDICAL MANAGEMENT  
INTEGRATED SERVICES, INC.**

  
Mr. Jim Ekbatani, Director

(ACKNOWLEDGMENT FOLLOWS)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

574  
7036

## ACKNOWLEDGMENT

**STATE OF FLORIDA**

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) SS:

**COUNTY OF PORT ST. LUCIE**

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The foregoing instrument was acknowledged before me this 27 day of July, 1998, by Mr. Jim Ekbatani, Director of Medical Management Integrated Services, Inc., a Florida corporation, on behalf of the corporation. He is personally known to me.

Patricia A. Barasano  
Notary Public, State of Florida

My Commission Expires:  
(Notary Seal)

