

P97000016128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

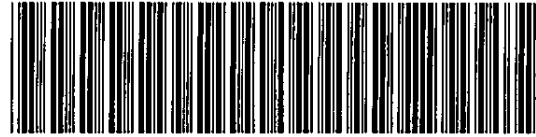
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10/20/06--01032--001 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT 20 AM 10:59

FILED

NLC
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**Harris, Cotherman,
Jones, Price & Associates**

Certified Public Accountants - Chartered

5070 North Highway, A1A, Suite 250
Vero Beach, FL 32963
Tel 772-234-8484
Fax 772-234-8488

October 9, 2006

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

RE: SEBASTIAN EMERGENCY PHYSICIANS, INC.

Dear Sir or Madam:

Please find enclosed your cover letter and Articles of Amendment to Articles of Incorporation for the above referenced corporation. The corporation is requesting the amendment for a new corporation name of Mini Clinic, Inc.

Also please find enclosed their check in the amount of \$43.75 to cover the cost for filing fee and a certified copy of the Articles of Amendment (a copy is enclosed for this purpose).

Thank you for your assistance in this matter.

Sincerely,

Cheri L. Jones, CPA

CLJ:cb
Enclosures

cc w/o enclosures: Dr. Parvus, Sebastian Emergency Physicians, Inc.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SEBASTIAN EMERGENCY PHYSICIANS, INC.

DOCUMENT NUMBER: P97000016128

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

Please return all correspondence concerning this matter to the following:

CHERI L. JONES, CPA
(Name of Contact Person)

HARRIS, COTHERMAN, JONES, PRICE & ASSOCIATES
(Firm/ Company)

5070 NORTH HIGHWAY A-1-A, SUITE #250
(Address)

VERO BEACH, FLORIDA 32963
(City/ State and Zip Code)

For further information concerning this matter, please call:

CHERI L. JONES, CPA at (772) 234-8484
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|---|--|

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 OCT 20 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEBASTIAN EMERGENCY PHYSICIANS, INC.

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

P97000016128

(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):

MINI CLINIC, INC.

(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)**

N/A

(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)

N/A

(continued)

The date of each amendment(s) adoption: 10/1/06

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

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

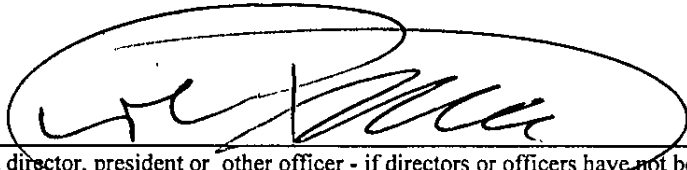
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

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)

DIRK PARVUS, M.D.
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35