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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PHYSIC	IAN'S MANAGEMENT & ACCOUNTING SERVICES, INC
DOCUMENT NUMBER: S32820	
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
SHERMAN H. FRANC	IS
(Na	me of Contact Person)
PHYSICIAN'S MANAGEM	IENT & ACCOUNTING SERVICES, INC.
	(Firm/ Company)
P.O. BOX 1291	
	(Address)
HAYESVILLE, NC 2890	4-1291
(City	y/ State and Zip Code)
For further information concerning this matt	er, please call:
SHERMAN H. FRANCIS	at ( 828 ) 389-9951
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amour	nt:
□\$35 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee 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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2007

SHERMAN H. FRANCIS PHYSICIAN'S MANAGEMENT & ACCOUNTING P. O. BOX 1291 HAYESVILLE, NC 28904-1291

SUBJECT: PHYSICIAN'S MANAGEMENT & ACCOUNTING SERVICES, INC.

Ref. Number: S32820

We have received your document for PHYSICIAN'S MANAGEMENT & ACCOUNTING SERVICES, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L06000011525.

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) 245-6905.

Thelma Lewis Document Specialist Supervisor

Letter Number: 207A00040687

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2007

SHERMAN H. FRANCIS PHYSICIAN'S MANAGEMENT & ACCOUNTING P. O. BOX 1291 HAYESVILLE, NC 28904-1291

SUBJECT: PHYSICIAN'S MANAGEMENT & ACCOUNTING SERVICES, INC.

Ref. Number: S32820

We have received your document for PHYSICIAN'S MANAGEMENT & ACCOUNTING SERVICES, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P96000015621.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 007A00039182

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### Articles of Amendment to Articles of Incorporation of

# PHYSICIAN'S MANAGEMENT & ACCOUNTING SERVICES, INC.

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

Inting Services, Inc.

led with the Florida Dept. of State)

corporation (if known)

S32820

(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): Physicians management Associates, INC.
PHYSICIANS MANAGEMENT, INC. PHYSICIANS PHANTS CONSTHANTS TO
PHYSICIANS MANAGEMENT, INC. Physicians Physicians Consultants, 2006  (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)
(Attach additional pages if necessary)
(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)
(continued)

· Control of the cont
The date of each amendment(s) adoption: JUNE 1, 2007
Effective date if applicable: JUNE 1, 2007
(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 Sleman H. Francis
(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)
SHERMAN H. FRANCIS
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

**FILING FEE: \$35**