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SECRETARY OF STATE
TALLAHASSEE FLORIDA

My

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Pa	triot Health	Florida, Inc.		
DOCUMENT NUMBER: P04000	0020320			
The enclosed Articles of Amendmen	t and fee are si	ubmitted for filing	ţ .	
Please return all correspondence con-	cerning this m	atter to the follow	ing:	
Robert Hodes				
	(Name of Co	ontact Person)		
Patriot Health Flo	orida, Inc.			
	(Firm/ C	Company)		
160 Eileen Way				
	(Add	dress)		
Syosset, NY 11791				
	(City/ State a	and Zip Code)		
For further information concerning the	nis matter, plea	ase call:		
David May (cc: Noreen Malone	y)	_ at (800)	292-3797	
(Name of Contact Person)		(Area Code	& Daytime Tele	phone Number)
Enclosed is a check for the following	amount:			
\$35 Filing Fee \$43.75 Filing Certificate of S		\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	

Articles of Amendment to Articles of Incorporation of

of Fig. 6
Patriot Health Florida, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)
Frig. 7
P04000020320
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(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)
Article III - The purpose for which this corporation is organized is:
Currently states: ANY AND ALL LAWFUL BUSINESS - Delete This
Amend to state: ANY AND ALL LAWFUL BUSINESS, INCLUDING BUT NOT LIMITED TO
OPERATING AS A MEDICAL DISCOUNT PLAN
(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: November 1, 2006
Effective date if <u>applicable</u> : (no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
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)
Robert Hodes
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35