P03000072374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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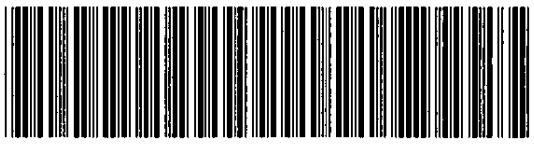

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05/12/08--01046--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 29 AM 10:39

Amend
@ 5/29/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: G SUNIL M.D. PA

DOCUMENT NUMBER: P 03000072374

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

Please return all correspondence concerning this matter to the following:

Parvathy Sunil
(Name of Contact Person)

G Sunil MD PA
(Firm/ Company)

9410 Fountain Med. Ct # A201
(Address)

Bonita Springs, FL 34135
(City/ State and Zip Code)

For further information concerning this matter, please call:

Parvathy Sunil at (239) 249 9675
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $35 Filing Fee 5/7/08
Sent # 17.00 5/14/08

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☐ $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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2008

PARVATHY SUNIL
G. SUNIL MD P.A.
9410 FOUNTAIN MEDICAL CT #A201
BONITA SPRINGS, FL 34135

SUBJECT: G. SUNIL MD P.A
Ref. Number: P03000072374

We have received your document for G. SUNIL MD P.A and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Presently it us unclear as to what your intensions are in filing this form. It appears you wish to add an officer to this corporation, if so an Amendment must be filed.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 908A00031369

RECEIVED
2008 MAY 29 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Irene,
I need to make a Principal change.
Thank you
Parvathy Sunil
5/23/08

Articles of Amendment
to
Articles of Incorporation
of

G SUNIL MD PA

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

P03

P03000072374

(Document number of corporation (if known)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 29 AM 10:39

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):

NO

(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)

Only address change, please

The principal office address: 9410 Fountain Medical Ct. # A 201
Bonita Springs, FL 34135

(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)

The date of each amendment(s) adoption: 3/1/2008

Effective date if applicable: 3/1/2008
(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)

GOPINATH S. SUNIL MD
(Typed or printed name of person signing)

MEDICAL DIRECTOR
(Title of person signing)

FILING FEE: $35