

PO7000021502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

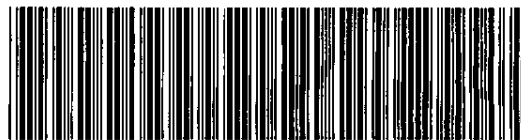
(Business Entity Name)

(Document Number)

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11 SEP 28 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
DEB
9/29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2011

SHARON FREDERICKS
SARASOTA FAMILY MEDICAL, INC.
6813 SOUTH TAMiami TRAIL
SARASOTA, FL 34231

SUBJECT: SARASOTA FAMILY MEDICAL, INC.
Ref. Number: P07000021502

We have received your document for SARASOTA FAMILY MEDICAL, INC. and your check(s) totaling \$240.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a florida corporation and the form submitted is for a limited liability company. PLEASE COMPLETE THE ENCLOSED CORRECT FORM AND RESUBMIT.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 911A00021491

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sarasota Family Medical, INC.

DOCUMENT NUMBER: P07000021502

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

Please return all correspondence concerning this matter to the following:

Sharon Fredericks
Name of Contact Person

Sarasota Family Medical, INC.
Firm/ Company

6813 South Tamiami Trail
Address

Sarasota, FL. 34231
City/ State and Zip Code

Sfredericks0303@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Fredericks at (941) 923-5861
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|---|
| ☐ \$35 Filing Fee | ☐ \$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

Articles of Amendment
to
Articles of Incorporation
of

Sarasota Family Medical, INC.

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

P 07000021502

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Sharon Fredericks

New Registered Office Address:

6813 South Tamiami Trail

(Florida street address)

Sarasota

(City)

Florida

34231

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Sharon Fredericks

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
 (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PS	Claude J. Mason	6813 South Tamiami Tr. Sarasota, FL. 34231	☐ Add ☒ Remove
PS	John W. Meyer Jr. M.D.	6813 South Tamiami Tr. Sarasota, FL. 34231	☒ Add ☐ Remove
			☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

The date of each amendment(s) adoption: 08/10/2011
(date of adoption is required)

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

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted 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.

Dated 09/23/2011

X 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)

John W. Meyer Jr., m.d.
(Typed or printed name of person signing)

Owner / P
(Title of person signing)