# P1000004063

| (Re                       | questor's Name)   |           |
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| . (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                   | WAIT              | MAIL      |
| (Bu                       | siness Entity Nan | ne)       |
| (Do                       | cument Number)    |           |
| Certified Copies          | _ Certificates    | of Status |
| Special Instructions to I | Filing Officer:   |           |
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BR 6/2/10

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF COR               | ORATION:                         | GOLD CO           | AST PHYSICIAN PAR   | RTNERS INC  |
|---------------------------|----------------------------------|-------------------|---|---|
| DOCUMENT NU               | MBER:                            |                   | P10000040631  |   |
| The enclosed Artic        | cles of Amendmer                 | nt and fee are su | ubmitted for filing.  |   |
| Please return all co      | orrespondence con                | ncerning this ma  | atter to the following:   |   |
|                           |                                  | PEDRO             | O HERNANDEZ   |   |
|                           |                                  | Name              | of Contact Person   |   |
|                           | GOLD (                           | COAST PHYS        | SICIAN PARTNERS MSO   | INC   |
|                           |                                  | Fi                | rm/ Company   |   |
|                           | 2100 PC                          | ONCE DE LE        | ON BOULEVARD SUITE  | 203   |
|                           |                                  |                   | Address   |   |
|                           |                                  | CORAL             | SABLES, FL 33134  |   |
| •                         |                                  | City/ S           | State and Zip Code *  |   |
|                           | E-mail addre                     | PHERNANDE         | Z2@MSN.COM<br>future annual report notification)  |   |
| For further inform        | ation concerning t               | this matter, plea | ase call:   |   |
| PED                       | RO HERNANDI                      | EŻ                | _ at (  | 543-4327  |
| Name                      | of Contact Person                |                   | Area Code & Daytime Te  | elephone Number   |
| Enclosed is a chec        | k for the followin               | g amount made     | payable to the Florida Depa   | rtment of State:  |
| <b>✓ \$</b> 35 Filing Fee | \$43.75 Filing<br>Certificate of |                   | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| P.O. Box 6                | nt Section  f Corporations       |                   | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301 | ele   |

## **Articles of Amendment Articles of Incorporation**

FILED

#### GOLD COAST PHYSICIAN PARTNERS INC

2010 JUN -1 PM 4: 03

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

SECRETARY OF STAGE TABBAHASSEE, FLORIDA

P10000040631

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

| 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)  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:  New Registered Office Address:  (Florida street address)  Florida  (City)  (Zip Code) | GOLD COAST P   | HYSICIAN PARTNERS MSO INC The ne  |
|--|--|---|
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address:  (Florida street address)  | abbreviation "Corp.," "Inc.," or Co.," or                            | in the word "corporation," "company," or "incorporated" or the designation "Corp," "Inc," or "Co". A professional corporation |
| (Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address: (Florida street address)  |  |   |
| 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:  New Registered Office Address: (Florida street address)  |  |   |
| Name of New Registered Agent:  New Registered Office Address: (Florida street address)   |  |   |
| New Registered Office Address: (Florida street address)  |  |   |
| · · · · · · · · · · · · · · · · · · ·  |  |   |
| , Florida  | new registered agent and/or the new r                                |   |
| (City) (Zip Code)  | new registered agent and/or the new r  Name of New Registered Agent: | registered office address:  |
|  | new registered agent and/or the new r  Name of New Registered Agent: | (Florida street address)  |

# 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>  | Name   | Address  | Type of Action        |
|---------------|--|--|-----------------------|
| <u>VP S I</u> | JOHN WARD  | 2100 PONCE DE LEON BLVD<br>SUITE 1203<br>CORAL GABLES FL 33134           | ☑ Add<br>□ Remove     |
|               |  |  |                       |
|               |  |  | ☐ Add<br>☐ Remove     |
| (attach addi  | itional sheets, if necessary). (Be specif  | ic)  |                       |
|               |  |  |                       |
|               |  |  |                       |
| provision     | ndment provides for an exchange, recl<br>s for implementing the amendment if r<br>applicable, indicate N/A)    | assification, or cancellation of iss<br>not contained in the amendment i | ued shares,<br>tself: |
| 1000,000 SE   | ERIES A PREFERRED  |  |                       |
| 10000,000 S   | SERIES B COMMON  |  |                       |
| -             | r until alle de la company | -  |                       |
|               |  |  |                       |
|               |  |  |                       |
|               |  |  |                       |

| The date of each amendmen                          | t(s) adoption: MAY 25, 2010  |
|--|--|
|  | MAY 25, 2010 (date of adoption is required)  |
|  | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                           | ( <u>CHECK ONE</u> )   |
| The amendment(s) was/we by the shareholders was/w  | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.   |
| The amendment(s) was/we must be separately provide | ere approved by the shareholders through voting groups. The following statement ed 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)   |
| action was not required.                           | ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder   |
| Dated_MAY  | Y 26, 2010   |
| selé   | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)  |
|  | PEDRO HERNANDEZ  |
|  | (Typed or printed name of person signing)  |
|  | PRESIDENT  |
|  | (Title of person signing)  |
| etabolish (Francisco Co.                           | PP An MAK data and the formatted for planting of the contraction of th |