

P100000040631

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(City/State/Zip/Phone #)

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2010 JUN 21 A 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend NC
Trevi's
6-24-10*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gold Coast Physician Partners MSO, Inc

DOCUMENT NUMBER: P10000040631

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

Please return all correspondence concerning this matter to the following:

Peter Hernandez

Name of Contact Person

Gold Coast Physician Partners, Inc.

Firm/ Company

2100 Ponce De Leon Boulevard Suite 1203

Address

Coral Gables, FL 33134

City/ State and Zip Code

phernandez2@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Hernandez

Name of Contact Person

at (786)

543-4327

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

AFFIDAVIT

May 6, 2010

To the State of Florida;

I have a corporation named Gold Coast Physician Partners, Inc. A couple of months ago I sent in a form to change the INC to an LLC under the same name.

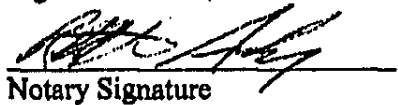
I currently want to re-open the INC., but was told that I needed to send in an Affidavit to re-open it. I am the Owner of both entities and the registered agent of both.

Please open the INC., thank you for your help in this matter.

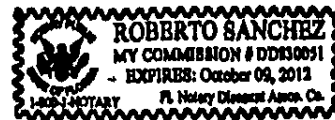


Pedro Hernandez
President
Gold Coast Physician Partners.

Pedro Hernandez displayed his Drivers License.
Signed and sworn before me on the 6th of May 2010.


Notary Signature

My Commission Expires: Oct. 02, 2012



Articles of Amendment
to
Articles of Incorporation
of

Gold Coast Physician Partners MSO, Inc.

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

P10000040631

(Document Number of Corporation (if known))

FILED

2010 JUN 21 A 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Gold Coast Physician Partners, Inc.

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)

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)

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.

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>
<u>P</u>	<u>Carlos Gonzalez</u>	<u>2100 Ponce De Leon Blvd</u> <u>Suite 1203</u> <u>Coral Gables, FL 33134</u>	☒ Add ☐ Remove
<u>P</u>	<u>Peter Hernandez</u>	<u>2100 Ponce De Leon Blvd</u> <u>Suite 1203</u> <u>Coral Gables, FL 33134</u>	☐ Add ☒ Remove
<u>S, T</u>	<u>Peter Hernandez</u>	<u>2100 Ponce De Leon Blvd</u> <u>Suite 1203</u> <u>Coral Gables, FL 33134</u>	☒ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Add "Ted Lyons" as VP 2100 Ponce De Leon Blvd, Suite 1203, Coral Gables, FL 33134

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: June 16, 2010
(date of adoption is required)
Effective date if applicable: June 16, 2010
(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 June 14, 2010

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)

Peter Hernandez

(Typed or printed name of person signing)

President

(Title of person signing)