P10000040631

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Amend
Tevis
3-25-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GOLD COAST PHYSICIAN PARTNERS 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:

CHRISTOPHER GONZALEZ
Name of Contact Person

GOLD COAST PHYSICIAN PARTNERS INC
Firm/ Company

2100 PONCE DE LEON BLVD #1203
Address

CORAL GABLES, FL 33134
City/ State and Zip Code

CHRISGONZALEZ@GOLDCOASTPP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER GONZALEZ at (305) 742-8205
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)

RECEIVED
11 MAR 14 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

March 14, 2011

CHRISTOPHER GONZALEZ
GOLD COAST PHYSICIAN PARTNERS, INC.
2100 PONCE DE LEON BLVD., #1203
CORAL GABLES, FL 33134

SUBJECT: GOLD COAST PHYSICIAN PARTNERS, INC.
Ref. Number: P10000040631

We have received your document for GOLD COAST PHYSICIAN PARTNERS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for $35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 211A00006172

RECEIVED
11 MAR 24 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
2011 MAR 24 A 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GOLD COAST PHYSICIAN PARTNERS, INC.

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

P10000040631

(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)

_____

_____

_____

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: Christopher Gonzalez

New Registered Office Address: 2100 Ponce De Leon Blvd #1203
(Florida street address)

Coral Gables, Florida 33134
(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)

Title	Name	Address	Type of Action
PSVP	Carlos J Gonzalez		☐ Add ☑ Remove
PSVP	Christopher Gonzalez	2100 ponce de leon blvd suite #1203 Coral Gables, Fl 33134	☑ 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: 01-01-2011
(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 03-07-2011

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)

CHRISTOPHER GONZALEZ
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)