

# P15000058806

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
J&G MEDICAL GROUP HOLDINGS, INC.

28th

Certificate of Status	0
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*Amend*

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Help

State of Florida  
Date of submission 7/28



July 29, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

J&G MEDICAL GROUP HOLDINGS, INC.  
5206 SOLSTICE LOOP  
SANFORD, FL 32771US

SUBJECT: J&G MEDICAL GROUP HOLDINGS, INC.  
REF: P15000058806

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Darlene Connell  
Regulatory Specialist III

FAX Aud. #: H15000182814  
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REGISTRATION DIVISION  
TALLAHASSEE, FLORIDA

REGISTRATION DIVISION  
TALLAHASSEE, FLORIDA  
7/28

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** J&G MEDICAL GROUP HOLDINGS, INC.

**DOCUMENT NUMBER:** P15000058806

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

Please return all correspondence concerning this matter to the following:

ERIK L. KANTZ, ESQ.

Name of Contact Person

ARNSTEIN & LEHR LLP

Firm/ Company

120 S. RIVERSIDE PLAZA, SUITE 1200

Address

CHICAGO, ILLINOIS 60606

City/ State and Zip Code

ELKANTZ@ARNSTEIN.COM

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

For further information concerning this matter, please call:

HEIDI KIGHT

at ( 312 ) 876-7835

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

FILED  
15 JUL 28 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of  
J&G MEDICAL GROUP HOLDINGS, INC.

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

P15000058806

(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**)

9302 SOLSTICE LOOP

SANFORD, FLORIDA 32771

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

9302 SOSTICE LOOP

SANFORD, FLORIDA 32771

**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 \_\_\_\_\_

(Florida street address)

New Registered Office 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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the Y and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SY as an Add.

Example:

Change            PT    John Doe  
 Remove            Y    Mike Jones  
 Add                SV    Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>DIR</u>	<u>JOE JACOB</u>	<u>9302 SOLSTICE LOOP</u>
<input type="checkbox"/> Add			<u>SANFORD, FLORIDA 32771</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>PRES</u>	<u>JOE JACOB</u>	<u>9302 SOLSTICE LOOP</u>
<input type="checkbox"/> Add			<u>SANFORD, FLORIDA 32771</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>SEC</u>	<u>JOE JACOB</u>	<u>9302 SOLSTICE LOOP</u>
<input type="checkbox"/> Add			<u>SANFORD, FLORIDA 32771</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>TRES</u>	<u>JOE JACOB</u>	<u>9302 SOLSTICE LOOP</u>
<input type="checkbox"/> Add			<u>SANFORD, FLORIDA 32771</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 statements 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 July 27, 2015

Signature Joe Jacob  
(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)

JOE JACOB

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)