

A29806

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 AUG - 8 PM 3 12

FILED



Corris L. McIntosh, Jr.
Direct Dial: 239-985-4853
Direct Fax: 239-425-6392
corris.mcintosh@fowlerwhite.com

August 7, 2013

SENT VIA FEDEX

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

FILED
2013 AUG -8 PM 3 12
TALLAHASSEE, FLORIDA

Re: **Metro Medical Plaza Associates, LTD.**

Dear Madam/Sir:

Enclosed for filing please find an original, executed Certificate of Amendment to Certificate of Limited Partnership of Metro Medical Plaza Associates, LTD. Also enclosed, please find our firm's check (no. 4392) in the amount of \$105.00 for the filing fee and certified copy.

If you have any questions or need further information, please contact my office.

Very truly yours,

FOWLER WHITE BOGGS P.A.

Corris L. McIntosh, Jr.

CLMJ/clh
Enclosures

FOWLER WHITE BOGGS P.A.

TAMPA • FORT MYERS • TALLAHASSEE • JACKSONVILLE • FORT LAUDERDALE

2235 FIRST STREET • FORT MYERS, FLORIDA 33901 • P.O. BOX 1567 • FORT MYERS, FL 33902

TELEPHONE (239) 334-7892 • FAX (239) 334-3240 • www.fowlerwhite.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: METRO MEDICAL PLAZA ASSOCIATES, LTD.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Corris L. McIntosh, Jr., Esq.

Contact Person

Fowler White Boggs PA

Firm/Company

2235 FIRST STREET

Address

FORT MYERS, FL 33901

City, State and Zip Code

CORRIS.MCINTOSH@FOWLERWHITE.COM

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

For further information concerning this matter, please call:

CORRIS L. MCINTOSH, JR., ESQ. at (239) 985-4853

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee ☐ \$61.25 Filing Fee
and Certificate of ☒ \$105.00 Filing Fee ☐ \$113.75 Filing Fee,
Status and Certified Copy Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CLERK OF COURT
TALLAHASSEE, FLORIDA

2013 AUG -8 PM 3:12

FILED

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

METRO MEDICAL PLAZA ASSOCIATES, LTD.

Insert name currently on file with Florida Department of State

FILED
2013 AUG -8 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on MARCH 21, 1990, assigned Florida document number A29806, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

N/A

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be STREET address)

N/A

New Mailing Address:
(May be post office box)

N/A

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

_____, Florida

City

Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	METRO MEDICAL PLAZA, INC	412 East Madison St. Suite 1100 Tampa, FL 33602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Metro Medical Plaza Owners Cooperative, LLC	13691 Metro Pkwy. Suite 300 Fort Myers, FL 33912	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

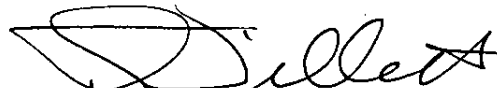
N/A

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)


Thomas K. Willett

President, Metro Medical
Plaza, Inc.

FILED
2013 AUG -8 PM 5:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

Signature(s) of all new or dissociating general partner(s), if any:

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

FILED
AUG - 8 PM 3:12
CLERK OF COURT
LANCASTER, FLORIDA

Signature(s) of all new or dissociating general partner(s), if any:

Therold C. Kushner M.D.

President, METRO MEDICAL PLAZA OWNERS COOPERATIVE, LLC

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75