

F15000004314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700295954137

02/27/17--01013--022 **35.00

FILED
2017 MAR 14 P 4: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

MAR 15 2016

Kong

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WALLACE MEDICAL INSURANCE
Name of Corporation

DOCUMENT NUMBER: F15000004314

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT B. WALLACE
Name of Contact Person

WALLACE MEDICAL INSURANCE
Firm/Company

6900 DANIELS PARKWAY SUITE 29
Address

FORT MYERS, FLORIDA 33912
City/State and Zip Code

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

For further information concerning this matter, please call:

SCOTT B WALLACE at (240) 356-1033
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

*FREE & READY
DEPOSITED*

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2017

SCOTT WALLACE
11138 WINE PALM RD
FT MYERS, FL 33966

SUBJECT: WALLACE & WALLACE INSURANCE AGENCY INC.
Ref. Number: F15000004314

We have received your document for WALLACE & WALLACE INSURANCE AGENCY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Foreign corporation the document you sent in to change the name is not correct. You can change the mailing address and registered agent and address on a Amended Annual Report.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 217A00003971

RECEIVED
17 MAR 14 AM 11:57
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F15000004314

(Document number of corporation (if known))

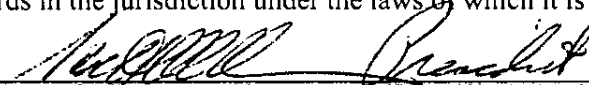
1. WALLACE AND WALLACE INSURANCE AGENCY, INC
(Name of corporation as it appears on the records of the Department of State)
2. MARYLAND 3. SEE RECORDS
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 1-30-2017
5. WALLACE MEDICAL INSURANCE, INC.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "association," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

SCOTT B. WALLACE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
MAR 14 P 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF
ASSESSMENTS & TAXATION
JAN -4 P 3 09

ARTICLES OF AMENDMENT
to the
ARTICLES OF INCORPORATION
WALLACE & WALLACE INSURANCE AGENCY, INC.
A MARYLAND CLOSE CORPORATION

Wallace & Wallace Insurance Agency, Inc., a Maryland close corporation, having its principal office in Bethesda, Maryland (hereinafter referred to as the "Corporation"), pursuant to and in accordance with Title 2 and Title 4 of the Corporations and Associations Article of the Annotated Code of Maryland, hereby certifies to the State Department of Assessments and Taxation of Maryland that

FIRST The Articles of Incorporation of the Corporation are hereby amended by striking in its entirety paragraph SECOND and by substituting in lieu thereof the following

"SECOND The name of this Corporation shall be

Wallace Medical Insurance, Inc "

SECOND The principal office address of the Corporation is changed from

4330 East-West Highway, Bethesda, Maryland 20814

To 5237 River Road, Bethesda, Maryland 20816

THIRD The name and address of the resident agent of the Corporation is changed from

Scott B. Wallace, 4330 East-West Highway, Bethesda, Maryland 20814

To Lindsay P. Lucas, 7504 Pyle Road, Bethesda, Maryland 20817

FOURTH By written informal action taken by the sole Stockholder and sole Director of the Corporation, pursuant to and in accordance with Sections 2-408 and 2-502 of the Corporations and Associations Article of the Annotated Code of Maryland, the sole Stockholder and sole Director of the Corporation duly approved the foregoing amendment. Said amendment was approved and adopted as of the date hereinbelow

IN WITNESS WHEREOF, the undersigned, being the President of the Corporation, does hereby acknowledge, under penalties of perjury, that these Articles of Amendment are the act and deed of Wallace & Wallace Insurance Agency, Inc. and that the matters set forth in these Articles, to the best of his knowledge, information and belief, are true in all material respects, and that he has executed these Articles of Amendment of Wallace & Wallace Insurance Agency, Inc. under seal as of this 1st day of January, 2017

WITNESS

Nancy F.
Nancy Fama, Secretary

Wallace & Wallace Insurance Agency, Inc

By

Scott Wallace (SFW)
Scott Wallace, President

I hereby consent to my designation in this document as resident agent for this entity

Signed

Scott Wallace
Scott Wallace, President

CUST ID 0003503132
WORK ORDER 0004719789
DATE 01-09-2017 08 47 AM
AMT PAID \$150 00

State of Maryland
**Department of
Assessments and Taxation**

Charter Division



Larry Hogan
Governor

Michael L. Higgs
Acting Director

Date: 01/30/2017

STEIN SPERLING BENNETT DE JONG DRISCOLL
25 W MIDDLE LN
ROCKVILLE MD 20850-2214

THIS LETTER IS TO CONFIRM ACCEPTANCE OF THE FOLLOWING FILING:

ENTITY NAME : WALLACE MEDICAL INSURANCE, INC.
DEPARTMENT ID : D01422005
TYPE OF REQUEST : ARTICLES OF AMENDMENT
DATE FILED : 01-04-2017
TIME FILED : 03:09 PM
RECORDING FEE : \$100.00
EXPEDITED FEE : \$50.00
FILING NUMBER : 1000362009989361
CUSTOMER ID : 0003503132
WORK ORDER NUMBER : 0004719709

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT
IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK
ORDER NUMBER ON ANY INQUIRIES.

Charter Division
Baltimore Metro Area (410) 767-1350
Outside Metro Area (888) 246-5941

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT WALLACE MEDICAL INSURANCE, INC., INCORPORATED JUNE 01, 1982, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 31, 2017.



Michael L. Higgs
Acting Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

XX2/1/17 BALTO MD 212 PRST 1ST CL A

STATE OF MARYLAND
DEPARTMENT OF ASSESSMENTS AND TAXATION
301 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201-2395

ADDRESS SERVICE REQUESTED

PRESORTED
FIRST CLASS

Hasler FRS
02/01/2017
US POSTAGE \$0.01



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RECEIVED
FEB 03 2017
SSBDD

STEIN SPERLING BENNETT DE JONG DRISCOLL
25 W MIDDLE LN
ROCKVILLE MD 20850-2214

LLH-55B 20850

MWS?



CORPORATE CHARTER APPROVAL SHEET
**** EXPEDITED SERVICE **** **** KEEP WITH DOCUMENT ****

DOCUMENT CODE 09 BUSINESS CODE _____

201422005

Class _____ Stock _____ Nonstock _____

P A _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____



100236200988381

ID # D01422005 ACK # 100836200988381
PAGES 0003
WALLACE & WALLACE INSURANCE AGENCY, INC

01/04/2017 AT 03 08 P MD # 0004719789

New Name _____

FEE REMITTED

Base Fee	<u>100</u>
Org & Cap Fee	_____
Expedite Fee	<u>50</u>
Penalty	_____
State Recordation Tax	_____
State Transfer Tax	_____
Certified Copies	_____
Copy Fee	_____
Certificates	_____
Certificate of Status Fee	_____
Personal Property Filings	_____
Mail Processing Fee	_____
Other	_____

TOTAL FEES 150

_____	Change of Name
<u>/</u>	Change of Principal Office
_____	Change of Resident Agent
<u>/</u>	Change of Resident Agent Address
_____	Resignation of Resident Agent
_____	Designation of Resident Agent
_____	and Resident Agent's Address
_____	Change of Business Code

Adoption of Assumed Name _____

Other Change(s) _____

Credit Card _____ Check / Cash _____

_____ Documents on _____ Checks

Approved By 19 _____

Keyed By _____

COMMENT(S)

Code _____

Attention _____

STEIN SPERLING BENNETT DE JONG DRISCOLL
25 W MIDDLE LN
ROCKVILLE MD 20850-2214

CUST ID 0003923132
WORK ORDER 0004719789
DATE 01-09-2017 08 47 AM
RTT PRID \$150 00



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are forms for a change of name, duration, jurisdiction, or purpose for a foreign profit or not for profit corporation qualified to do business or conduct its affairs in Florida as required by section 607.1504 or 617.1504, Florida Statutes. The following requirements should be met after the occurrence of such a change within 30 days for a not for profit corporation and within 90 days for a profit corporation. **NOTE: The purpose can be amended only on a not for profit corporation.**

- Complete the appropriate application for amendment attached to this letter.
- An original certificate or a document of similar import from the state of incorporation evidencing the amendment must be submitted with the application. The certificate must be issued within the past 90 days.
- Fees for the amendment are:

Filing Fee	\$ 35.00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$ 8.75
Certificate of Status (optional)	\$ 8.75
- Send one check in the total amount made payable to the Florida Department of State.
- Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information, you may call (850) 245-6050.