174482

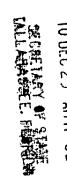
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12/30/10--01008--016 **35.00



AMEND



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2010

JEFF GREEN METRO MEDICAL PLAZA, INC. 13691 METRO PARKWAY SOUTH, SUITE 300 FT. MYERS, FL 33912

SUBJECT: METRO MEDICAL PLAZA, INC.

Ref. Number: K74482

Upon receipt of your letter and/or check(s) totaling \$105.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

ARTICLES OF AMENDMENT MAY BE SUBMITTED TO REMOVE AN OFFICER, ADD AN OFFICER OR CHANGE OFFICERS. THIS ONE FORM AND \$35.00 MAY BE SUFFICIENT FOR YOU CHANGES.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 710A00028757

RECEIVED

COVER LETTER

TO: Amendment Division of C		•		
NAME OF COR	PORATION: METR	O MEDICAL PLAZA	, INC	
DOCUMENT N	UMBER: <u> </u>	1482	·	
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.		
Please return all c	orrespondence concerning th	is matter to the following:		
	J	EFF GREEN		
		Name of Contact Person		
·	METRO 1	MEDICAL PLAZA, =	TNC	
		· ······ company		
	13691 METAL	PARKWAY SOUTH.	SuiTE 300	
		Address		
	FT MYERS	FL 339/2 http://State and Zip Code		
		city/ State and Zip Code		
	ry dot 222	3 0 101 1 1 M	•	
	E-mail address: (to be use	3 @ AOL. LOM and for future annual report notification)		
For further inform	ation concerning this matter,	please call:		
TEFI	GREEN	at (239) 878-	8314	
	e of Contact Person	Area Code & Daytime Te		
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	rtment 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 A	<u>ddress</u>	Street Address		
Amendmer	* * * * *	Amendment Section		
	f Corporations	Division of Corporations		
P.O. Box 6		Clifton Building 2661 Executive Center Circle	lo.	
Tallahassee, FL 32314			IV	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

METRO MED	ILAL PLAZA,	INC		
(Name of Corporation as current		Dept. of State)		
K7:	4482			
(Document Number	er of Corporation (if know	vn)		
Pursuant to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation:	Florida Statutes, this Flo	orida Profit Corporation ad	opts the fol	lowing
A. If amending name, enter the new name of the	ne corporation:			
		•	Este nea	,
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes	esignation "Corp," "Inc,	" or "Co". A professional	comporation	アント
3. Enter new principal office address, if applic	able:		E € 3	an d∷ K
Principal office address <u>MUST BE A STREET</u>		"Market		MH: 32
				32
1		9. J. 1944	_ 👺 :	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	E BOX)	<u> </u>	· 	
·				
D. If amending the registered agent and/or reg new registered agent and/or the new register		Florida, enter the name of	<u>the</u>	
Name of New Registered Agent:				
New Registered Office Address:	(Florida street a	ddress)		
		_, Florida	_	
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing hereby accept the appointment as registered age		nd accept the obligations of t	the position.	
Sig	nature of New Registerea	Agent, if changing		
3	, ,			

If amending the Officers a	ind/or Directors, en	ter the title and	name of each	officer/director being
removed and title, name, i	and address of each	Officer and/or	Director being	added:
(Attach additional sheets, if		,		

<u>Title</u>	<u>Name</u>	Address	Type of Action
ρ	JOSEPH J. HOLMES JR	13691 METRO PKWY S SUITE #300 ET MYENS, FL 33912	Add Remove
<u> </u>	JEFF GREEN	13691 METRO PKWY 5 SUITE # 300 FT MYEAS FL 33912	
			Add Remove
(allach a	dditional sheets, if necessary). (Be spec	еціс)	
,			
provisi	mendment provides for an exchange, reons for implementing the amendment is not applicable, indicate N/A)		
,	<u> </u>		

The date of each amendment(s	s) adoption:
Ess. 4: 1-4-1511-11-	s) adoption: /2/27/20/0 (date of ddoption 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 by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	(12/27/2010
selec	a diperter, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	JEFF GREEN
•	(Typed or printed name of person signing)
	PAESI DENT
	(Title of person signing)