L 84442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

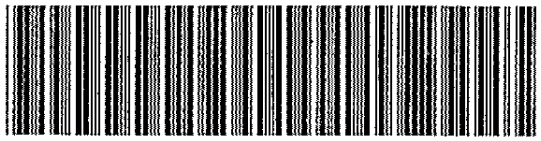
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Tracy Gish gave authority to add the RA address.
11/10 ae

Office Use Only



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11/03/04 --01021--005 **43.75

FILED
04 NOV -3 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-16

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 27, 2004

FLORIDA FAMILY MEDICAL CENTERS, INC.
% WALTER KAN, D.O.
818 CHESTNUT STREET
CLEARWATER, FL 33756

SUBJECT: FLORIDA FAMILY MEDICAL CENTERS, INC.
Ref. Number: L84442

We have received your document for FLORIDA FAMILY MEDICAL CENTERS, INC. and check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

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

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) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 004A00047170

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLORIDA FAMILY MEDICAL CENTERS

DOCUMENT NUMBER: L 84442

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

Please return all correspondence concerning this matter to the following:

WALTER J. KAY DO.
(Name of Contact Person)

FLORIDA FAMILY MEDICAL CENTERS
(Firm/ Company)

818 CHESTNUT STREET
(Address)

CLEARWATER, FLORIDA 33756
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

WALTER KAY, DO at (727) 443-7475
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FLORIDA FAMILY MEDICAL CENTERS

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

L 84442

(Document number of corporation (if known)

FILED
04 NOV -3 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(1) NEW REGISTERED AGENT
WALTER KAN, DO
(2) NEW OFFICERS:
PRESIDENT: EUGENE DELUCIA, DO
VICE PRESIDENT: MICHAEL BOLAN, DO
SECRETARY/TREASURER: WALTER KAN, DO

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

Florida Family Medical Centers, Inc.

October 29, 2004

Florida Department of State
Anna Chestnut, Document Specialist

Subject: Florida Family Medical Centers, Inc.
Ref. Number: L84442

This is in response to letter number: 004A00047170. We received a letter dated July 27, 2004 in early August. Unfortunately due to the recent hurricanes, I have not been able to respond in the requested time frame.

Amending officers/directors is as follows:

President: Eugene DeLucia III, D. O.
4543 S. Manhattan Ave.
Tampa,FL 33611-2330

Vice Pres.: Michael Beilan, D. O.
4901 Marlin Dr.
New Port Richey,FL 34652

Sec/Treas: Walter Kay, D.O.
818 Chestnut St.
Clearwater,FL 33756

Registered Agent: Walter Kay, D. O.
818 Chestnut St.
Clearwater, FL 33756

These adopted "Articles" changes were approved at our annual Shareholders/Directors meeting held December 9, 2003. This was also confirmed again at our meeting on August 3, 2004. On several occasions I have tried calling (850)245-6908 only to get a busy tone.

I hope the enclosed completes the requirements to complete the amendment process,

Sincerely,

Walter Kay DO

Walter Kay, D. O.

The date of each amendment(s) adoption: 8/3/04

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

Adoption of Amendment(s) **(CHECK ONE)**

☑ The amendment(s) was/were approved 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 FLORIDA FAMILY MEDICAL CENTER, INC.
(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.

Signed this 2nd day of OCTOBER, 2004.

Signature [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)

WALTER KAYNO
(Typed or printed name of person signing)

SECRETARY/TREAS. REGISTERED AGENT
(Title of person signing)

FILING FEE: $35