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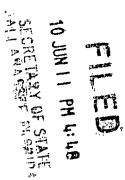
(Requestor's Name)
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Amend.



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NORTHEAST FLO	ORIDA MEDICAL GROUP MANAJOMENT
DOCUMENT NUMBER: NOYOOOO	
DOCUMENT NUMBER: NO 6 10 00 00 00 00 00 00 00 00 00 00 00 00	
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to ti	he following:
William 6. Shecto,	N JR. COD
(Name of Contact	ct Person)
LBA CERTIFIED Public	c Accountours
(Firm/ Com	
501 RIVERSIDE DUE	www, Ste foo
(Address	s)
Joeksonville, FC	32202
(City/ State and 2	Zip Code)
BLONG THEAD A E-mail andress: (to be used for fi	DI. CDM
For further information concerning this matter, please call:	and time report nonreasion,
Por futures information concerning this matter, preuse carr.	
(Name of Contact Person) at	(904) 396.4015
(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:
Certificate of Status Ce (A)	\$43.75 Filing Fee & T\$52.50 Filing Fee rtified Copy dditional copy is closed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Malling 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

Articles of Amendment to Articles of Incorporation of

UORTHIAST	FloriDA	MEDICAL	GROUP	Management	Association	INC.
<u> </u>	Name of Corpo	ration as curr	ently filed wi	th the Florida Dept. of	State)	
	N040	000481	9			
<u></u>	(Document Nun	ber of Corpo	ration (if known)		
Pursuant to the p				tes, this <i>Florida Not Fo</i>	r Profit Corporation	adopts
A. If amending	name, enter th	e new name of	the corpora	tion:		
				ord "corporation" or " not be used in the name		; =
B. Enter new properties (Principal office					-0	
						구 :
C. Enter new n (Malling add)	nailing address ress <u>MAY BE A</u>	if applicable: POST OFFIC	CE BOX		200	r: re
	the registered and/or			ce address in Florida, oddress:	enter the name of th	<u>e</u>
Name of	New Registered	Agent:				
<u>New Regi</u>	stered Office Ad	<u>'dress</u> :	(Fle	orida street address)		
		· ·		·	Florida	
		-		(City)	, Florida (Zip Code)	
New Registered a I hereby accept to position.				Agent: n familiar with and ac	cept the obligations	of the
		Siz	gnature of Ne	w Registered Agent, if c	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)

<u>Title</u>	Name		Address	Type of Action
				☐ Add ☐ Remove
	•			 ☐ Add ☐ Remove
				☐ Add ☐ Remove
(attach add	ng or adding addition ditional sheets, if neces. AHACULO	sary) (Be specif	change(s) here:	
				
			· · · · · · · · · · · · · · · · · · ·	
				
				NAME OF TAXABLE PARTY.

Article III is amended to read:

ARTICLE III

- 3.01. <u>PURPOSES AND RESTRICTIONS</u>. The purposes of the corporation and restrictions on its operations are as follows:
- (a) This corporation is organized and operated exclusively for charitable, educational, religious, and humanitarian purposes consistent with the requirements for qualification as an exempt organization under section 501(c)(6) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) (hereinafter, "the Code"), and for such other purposes as are consistent with its maintaining qualification as an exempt organization under Code section 501(c)(6).
- (b) The corporation shall restrict its operations to the promotion of charitable, educational, religious, and humanitarian purposes as described above within the meaning of section 501(c)(6) of the Code. Notwithstanding any provision of these Articles of Incorporation to the contrary, the corporation shall take no action inconsistent with the provisions of the Florida Not For Profit Corporation Act.
- (c) No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.

Article X is amended to read:

ARTICLE X

10.01. <u>DISTRIBUTION OF ASSETS UPON DISSOLUTION</u>. Upon the dissolution or final liquidation of the corporation, the Board of Directors shall distribute the assets of the corporation to any one or more exempt organizations for one or more exempt purposes within the meaning of section 501(c)(6) of the Code, as amended, or corresponding section of any future federal tax code.

* * *	
The date of each amendment(s)	
Effective date if applicable:	(date of adoption is required)
Entoure date <u>it appricable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of directors	abers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated	6/2/10
Signature	Sherry mules
(By the have no	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator — if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
	Sherry Mills
	(Typed or printed name of person signing)
	President
_	(Title of person signing)

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