# N06000004354

(Re	equestor's Name)	
(ite	equestor s manne)	
	(A)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	#)
	_	
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
·	·	
Certified Copies	Certificates	of Status
Oemined Copies	_	
Special Instructions to	Filing Officer:	





400105091864

07/05/07--01002--002 \*\*52.50

RECEIVED

07 JUL -3 PN 3: 40

DEFANCE CESSERATION:
DIVISION OF CESSERATION:

OT JUL -3 PM 3:41
SECKETARY OF STATE
TALLAHASSEE, FI ORDIN

G. Couffiette JUL 0 3 2000

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Florida Me	dical Practice Plan, Inc.
DOCUMENT NUMBER: N0600000435	4
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Gregg A. Gleason	
(Name of	Contact Person)
The Florida State University	
(Firm	/ Company)
1115 W. Call Street, Room 11	10-G
Tallahassee, Florida 32306-	
	te and Zip Code)
For further information concerning this matter	, please call:
Gregg A. Gleason	at (_850) _644-3343
(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 & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$643.75 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

#### Articles of Amendment to Articles of Incorporation of

Florida Medical Practice Plan, Inc.

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

TARY OF STATE

N06000004354

(Document number of corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

#### NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)

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

Article II, Section 1, was amended to state: "Section 1. Purposes. This corporation shall operate exclusively to improve and support medical
education at The Florida State University College of Medicine. The corporation is organized and shall be operated for scientific, educational, and charitable purposes
and not for pecuniary profit, for the purpose of promoting education, and to make financial and other types of contributions and assistance to medical, scientific
and educational organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future tax code.**
Article IV was amended to state: "MEMBERSHIP. The Dean of the College of Medicine, the Senior Associate Dean for
Academic Affairs of the College of Medicine, the Executive Vice President of the corporation, if one has been selected
by the Board of Directors, and each chairman of a clinical department of the College of Medicine shall be members.

The date of adoption of the amendment(s) was: June 13, 2007
Effective date if applicable: June 13, 2007
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
✓ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signature  (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
J. Ocie Harris, M.D.
(Typed or printed name of person signing)
President
(Title of norgan cioning)

FILING FEE: \$35