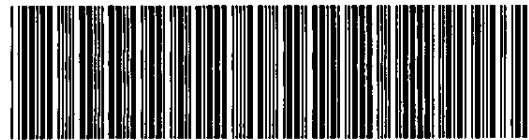


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12/06/11--01003--005 **5.00

11/21/11--01010--017 **30.00

Amend

FILED
11 DEC -5 PM 1:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2011

PATRICK T. VARONE
PRIMARY CARE & MEDICAL GROUP, INC.
1663 GEORGIA STREET NE, STE 500
PALM BAY, FL 32907

SUBJECT: PRIMARY CARE & MEDICAL GROUP, INC.
Ref. Number: P00000076347

We have received your document for PRIMARY CARE & MEDICAL GROUP, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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

The fee to file your document is \$35.

There is a balance due of \$5.00.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 611A00026560

RECEIVED
11 DEC -5 AM 8:47
TALLAHASSEE, FLORIDA

Record this one
please.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PRIMARY CARE + MEDICAL GROUP, INC

DOCUMENT NUMBER: POOOOOO 76347

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

Please return all correspondence concerning this matter to the following:

PATRICK T. VARONE
Name of Contact Person

PRIMARY CARE + MEDICAL GROUP, INC
Firm/ Company

11663 GEORGIA STREET NE, SUITE # 500
Address

PALM BAY, FL 32907
City/ State and Zip Code

PAT11631 @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK T. VARONE at (954) 684-11616
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:

- ☒ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

PRIMARY CARE + MEDICAL GROUP, INC.

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

(Document Number of Corporation (if known))

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

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: PATRICK T. VARONE

11603 GEORGIA STREET NE, SUITE #500
(Florida street address)

New Registered Office Address: PALM BAY, Florida 32907
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Patrick T Varone

Signature of New Registered Agent, if changing

FILED
11 DEC -5 PM 1:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>D</u>	<u>PATRICK T. VARONE</u>	<u>1663 GEORGIA STREET NE</u> <u>SUITE 500</u> <u>PALM BAY FL 32907</u>
2) <u>P</u>	<u>PATRICK T. VARONE</u>	<u>1663 GEORGIA STREET NE</u> <u>SUITE 500</u> <u>PALM BAY, FL 32907</u>
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>D</u>	<u>VARONE, JOHN</u>	4) _____	_____
2) <u>P</u>	<u>VARONE, JOHN</u>	5) _____	_____
3) _____	_____	6) _____	_____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. If an amendment provides for an 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)

The date of each amendment(s) adoption: 11-30-11

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

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted 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 _____."
(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.

Dated NOVEMBER 30, 2011

Signature Patrick T. Varone

(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)

PATRICK T. VARONE

(Typed or printed name of person signing)

DIRECTOR / PRESIDENT

(Title of person signing)