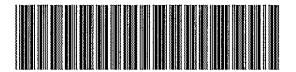
## P02000008845

(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:





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SECRETARY OF STATE
SECRETARY OF FLORIDA

Mare Change 12/15/06

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Melchor M	. Carbonell, Inc.	
DOCUMENT NUMBER: P02000008845		***************************************
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Melchor M. Carbonell, ME		
	of Contact Person)	7
Melchor M. Carbonell, M	ID, PA	
(Fin	m/ Company)	. ,
7450 103RD sT	<u> </u>	
	(Address)	
JACKSONVILLE, FI 32210		···
(City/ Str	ate and Zip Code)	
For further information concerning this matter, p	please call:	
Melchor M. Carbonell, MD, PA	at ( 904 ) 778-3315	
(Name of Contact Person)	(Area Code & Daytime Telephone	s Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee & Certificate of Status	Certified Copy Ce (Additional copy is Ce enclosed) (A	2.50 Filing Fee crificate of Status critified Copy dditional Copy cenclosed)
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

(Name of corporation as currently filed	with the Florida Dept. of State)
P0200008845	
(Document number of corp	oration (if knowe)
(200 authant minner) or any	ormider for enrowers
ursuant to the provisions of section 607.1006, Florida dopts the following amendment(s) to its Articles of Inc	
NEW CORPORATE NAME (If changing):	
Melchor M. Carbonell, MD, PA	
Must coatain the word "corporation," "company," or "incorporate A professional corporation must contain the word "chartered", "pr	d" or the abbreviation "Corp.," "Inc.," or "Co.") ofessional association," or the abbreviation "P.A.")
MENDMENTS ADOPTED- (OTHER THAN NAM nd/or Article Title(s) being amended, added or deleted	IE CHANGE) Indicate Article Number(s)
nd/or Afficie Title(s) being amended, added or deleted	(BE SPECIFIC)
	AS
	HASA
	RY SE
	<del></del>
	S
	ADE ADE
(Attach additional pages	if necessary)
an amendment provides for exchange, reclassification or implementing the amendment if not contained in the	
	•
(construed)	

✓ The dat	e of each amendment	Novembe (s) adoption:	r 14, 2	2006	
	e date if applicable: _	Novembe.	r 14, 2	2006	<b>-</b> 
•		(no more than 90 days after	amendment	file date)	
Adoptio	n of Amendment(s)	(CHECK ONE)		•	
; <b>C</b>		was/were approved by the shareholders was/			
) <b>C</b>		was/were approved by the must be separately proviendment(s);		, -	
, , ;	"The number of	votes cast for the amend	iment(s) w	as/were sufficie	nt for approval by
:		(voting group)		<del></del> *	reas a de .
	The amendment(s) v and shareholder acti	vas/were adopted by the on was not required.	board of	directors without	shareholder action
Ċ	The amendment(s) v shareholder action w	vas/were adopted by the vas not required.	incorpora	tors without shar	reholder action and
	a. (		12		ı
,	Signature	rector, president or other of	ficer - if dire	etors or officers has	ve not been
	selecte	d, by an incorporator - if in t	he hands of	s receiver, trustee, o	or other court
	*ppoin	ted fiduciary by that fiduciar	y)	•	•
•				<b>'</b> .	
•	_Mel	Chor M. Carbone (Typed or printed)	LI. MD.	ion signing)	
•	Pre	sident	•	· -	
•		(Title of	person sign	inn)	·······················.
		( 1 Mic O)	housens state	··· <b>··</b>	

FILING FEE: \$35