

P02000113207

(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



400188436604

400188436604  
12/14/10--01006--009 \*\*52.50

FILED  
2011 JAN -3 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend & N/C

TB 1/4/11

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Doctors Rx Us, Inc

DOCUMENT NUMBER: P02000113207

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

Please return all correspondence concerning this matter to the following:

Cheri York

Name of Contact Person

Doctors Rx Us, Inc.

Firm/ Company

1010 E. Busch Boulevard, Suite 103

Address

Tampa, Florida 33612

City/ State and Zip Code

will provide in near future

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheri York or K. Warren McGill

Name of Contact Person

at ( 813 )

935-7987

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2010

CHERI YORK  
1010 E BUSH BLVD STE 103  
TAMPA, FL 33612

SUBJECT: DOCTORS RX US, INC  
Ref. Number: P02000113207

We have received your document for DOCTORS RX US, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 110A00029182

*From The Desk of:*

CHERI YORK  
1010 E. Busch Blvd., Suite 103  
Tampa, Florida 33612

December 28<sup>th</sup>, 2010

Attn.: Teresa Brown  
Regulatory Specialist II  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

In Re: Palm Medical Group of Tampa Bay, Inc. (Dissolved corp.)  
Ref. #: P02000113207; Letter #: 110A00029182

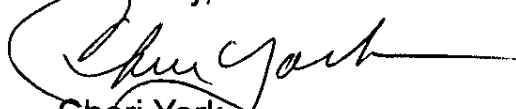
Dear Ms. Brown:

Please accept this letter as my formal written statement and declaration that as the former director and incorporator of the above referenced corporation, I have no intention of revoking the dissolution at anytime now or in the future.

I in fact release the name for immediate use by Doctors Rx Us, Inc., specifically, as set forth in my name amendment for Doctors Rx Us, Inc., for which I am enclosing two copies again for proper filing and certification, as you already have received a payment of \$52.50 for.

I am enclosing this letter along with a copy of your letter dated December 16<sup>th</sup>, 2010, in confirmation of above, and request that you please file same with this letter as correction and verification per your written notice. Thank you.

Sincerely,



Cheri York  
(813) 935-7987

Articles of Amendment  
to  
Articles of Incorporation  
of

Doctors Rx Us, Inc

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

P02000113207

(Document Number of Corporation (if known))

FILED  
2011 JAN -3 AM 10:50  
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:

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

PALM MEDICAL GROUP OF TAMPA BAY, INC.

*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)*

1010 E. Busch Boulevard

Suite 103

Tampa, Florida 33612

**C. Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

1010 E. Busch Boulevard

Suite 103

Tampa, Florida 33612

**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:*

Kenneth W. McGill, II

1010 E. Busch Boulevard, Suite 103

*New Registered Office Address:*

*(Florida street address)*

Tampa, Florida

*(City)*

, Florida 33612

*(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.*



*Signature of New Registered Agent, if 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A.	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

N/A.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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)*

N/A.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The date of each amendment(s) adoption: 11/26/2010

Effective date if applicable: January 01, 2011  
(date of adoption is required)  
(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

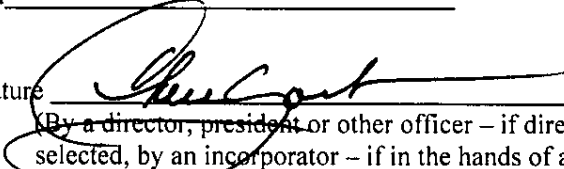
by \_\_\_\_\_."  
(voting group)

☐ 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 11/26/2010

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)

Cheri York

(Typed or printed name of person signing)

President, Director

(Title of person signing)