

P 03 000058491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/15/08--01024--023 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 AUG 12 PM 3:36

FILED

Amend.
08/12/08
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2008

JACK J. MICHEL, M.D.
8000 BISCAYNE BLVD.
MIAMI, FL 33138

SUBJECT: COMPREHENSIVE MEDICAL ACCESS (CMA), INC.
Ref. Number: P03000058491

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 408A00042111



August 11, 2008

Ms. Darlene Cornell
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Comprehensive Medical Access (CMA), Inc. Amendment

Dear Ms. Cornell,

Attached is the Amendment for Comprehensive Medical Access (CMA), Inc. This was originally sent on July 11, 2008, and was returned to us due to not having a date on the form. However, the check was not returned. I called the Amendment Section, and was advised that the person who sent the documentation, holds the check and I would need to send the amendment to that person, which would be you.

Please call me should you have any questions. You may contact me at (305) 284-7700.

Sincerely,

Ana C. Hernandez
Assistant to Jack J. Michel, M.D.

JJM/ach
Enclosure

CMA BISCAYNE
8000 Biscayne Blvd.,
Miami, FL 33138
305 759 4778

CMA KENDALL
11865 SW 26th St. # G-10
Miami, FL 33175
305 559 8333

CMA SOUTH MIAMI
6140 SW 70th St. 3rd Floor
Miami, FL 33143
305 661 2179

CMA HIALEAH
1790 West 49th St. # 110-1
Miami, FL 33012
305 825 4475

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Comprehensive Medical Access (CMA), Inc.

DOCUMENT NUMBER: P03000058491

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

Please return all correspondence concerning this matter to the following:

Jack J. Michel, M.D.

(Name of Contact Person)

Comprehensive Medical Access (CMA), Inc.

(Firm/ Company)

8000 Biscayne Boulevard

(Address)

Miami, Florida 33138

(City/ State and Zip Code)

For further information concerning this matter, please call:

Jack J. Michel, M.D.

(Name of Contact Person)

at (305)

284 - 7700

(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 &
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

Comprehensive Medical Access (CMA), Inc.

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

P03000058491

(Document number of corporation (if known))

SECRETARY OF STATE
PAUL AHASSI, FLORIDA

08 AUG 12 PM 3:36

FILED

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

NEW CORPORATE NAME (if changing):

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

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

Article V

"Delete" Comprehensive Medical Access (CMA) Inc., purpose is to function as a Medical Discount Plan.

(Attach additional pages if necessary)

If an amendment provides for 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

(continued)

The date of each amendment(s) adoption: 7-31-08

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

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved 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.

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)

Jack J. Michel, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35