

PD4000098555

(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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10/01/12- 01013--026 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 17 PM 2:34

Amend
12/18/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SAVICO MEDICAL ASSOCIATES, Inc
DOCUMENT NUMBER: P04000098555

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

Please return all correspondence concerning this matter to the following:

Comfort Adewumi
Name of Contact Person
SAVICO MEDICAL ASSOCIATES, Inc
Firm/ Company
1001 NW 54th Street Suite 103
Address
Miami FL 33127
City/ State and Zip Code
savicomedical@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Comfort Adewumi at (305) 757 4442
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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

November 15, 2012

COMFORT O. ADEWUMI
SAVICO MEDICAL ASSOCIATES INC.
1001 NW 54TH STREET - STE. 103
MIAMI, FL 33127

SUBJECT: SAVICO MEDICAL ASSOCIATES INC.
Ref. Number: P04000098555

We have received your document for SAVICO MEDICAL ASSOCIATES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears you have submitted the incorrect form. GAIL LEBLANC is already listed as registered agent at the location on document. If it's your intention to change only the principal address, please submit the enclosed amendment form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 712A00027598

RECEIVED
12 DEC 17 AM 9:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2012

COMFORT O. ADEWUMI
SAVICO MEDICAL ASSOCIATES INC
1001 NW 54TH STREET - STE. 103
MIAMI, FL 33127

SUBJECT: SAVICO MEDICAL ASSOCIATES INC.
Ref. Number: P04000098555

We have received your document for SAVICO MEDICAL ASSOCIATES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and location listed on the form is already reflected on our records.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 212A00025841



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2012

COMFORT O. ADEWUMI
SAVICO MEDICAL ASSOCIATES INC.
1001 NW 54TH STREET - STE. 103
MIAMI, FL 33127

SUBJECT: SAVICO MEDICAL ASSOCIATES INC.
Ref. Number: P04000098555

We have received your document for SAVICO MEDICAL ASSOCIATES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 712A00024394

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 17 PM 2:34

SAULCO MEDICAL ASSOCIATES, Inc.

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

P 040000 98555

(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)

~~1000~~ 1001 NW 54th Street

Suite 103

Miami FL 33127

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(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.

Signature of New Registered Agent, if changing

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

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)

100

The date of each amendment(s) adoption: 6/11/12

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 6/11/12

Signature CADEWUMI
(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)

Comfort Adewumi President
(Typed or printed name of person signing)

President
(Title of person signing)