## PO400121466

(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



600040402616

08/27/04--01019--018 \*\*52.50

DI AUG 27 PM 1:55

13 9/2/04

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	John M McKinney Jr, Inc.
DOCUMENT NUMBER: P04	000121465
The enclosed Articles of Amena	Iment and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
John M McKinney,	
	(Name of Contact Person)
John M McKinney J	lr Inc
3	(Firm/ Company)
17 Spinnaker Point	Court
	(Address)
Indian Harbour Bea	ch/ Fi_/ 32937
	(City/ State/ and Zip Code)
For further information concerni	ng this matter, please call:
John M McKinney, Jr.	at ( 321 ) 777-1004
(Name of Contact Pers	son) (Area Code & Daytime Telephone Number)
Enclosed is a check for the follow	wing amount:
□ \$35 Filing Fee □ \$43.75 F Certifica	iling Fee & S43.75 Filing Fee & S52.50 Filing Fee te of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sect	<del></del>

Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation of

FILED

04 AUG 27 PM 1:55

ALLAHASSEE. FLORIDA

John M McKinney Jr, Inc.

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

	•
P04000121465	(Document number of corporation (if known)
	(
_	tion 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> t(s) to its Articles of Incorporation:
EW CORPORATE NAME (	if changing):
ohn M McKinney Jr, P.A.	
lust contain the word "corporation," professional corporation must contain	"company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") in the word "chartered", "professional association," or the abbreviation "P.A.")
MENDMENTS ADOPTED-	OTHER THAN NAME CHANGE) Indicate Article Number(s)
	ended, added or deleted: (BE SPECIFIC)
rticle III Purpose: To provide pre	ofessional medical services.
	<u> </u>
100.	
	(Attach additional pages if necessary)
•	change, reclassification, or cancellation of issued shares, provision t if not contained in the amendment itself: (if not applicable, indicate Notes)
A	
	: 

(continued)

The date	of each amendment(	s) adoption: August 25, 2004
Effective	date if <u>applicable</u> :	! ·
		(no more than 90 days after amendment file date)
Adoption	of Amendment(s)	(CHECK ONE)
		vas/were approved by the shareholders. The number of votes cast for the shareholders was/were sufficient for approval.
		vas/were approved by the shareholders through voting groups. The nust be separately provided for each voting group entitled to vote endment(s):
	"The number of v	votes cast for the amendment(s) was/were sufficient for approval by
		(voting group)
	The amendment(s) w and shareholder action	vas/were adopted by the board of directors without shareholder action on was not required.
Ø	The amendment(s) we shareholder action we	as/were adopted by the incorporators without shareholder action and as not required.
Signed this	s <u>25th</u> day of A	ugust 2004
	serected	rector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	John N	McKinney, Jr.
		(Typed or printed name of person signing)
	Preside	ent, John M McKinney Jr., P.A.
		(Title of person signing)

FILING FEE: \$35