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TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Medic, Infusion, P.A. DOCUMENT NUMBER: P05000001221 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Metyk Name of Contact Person Medic, Infusion, P.A. Firm/ Company Address Port Charlotte FL 33952 City/ State and Zip Code barcombrb@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (941) 613-1919
Area Code & Daytime Telephone Number Michael Metyk Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Medic, Infusion, P.A.			
(Name of Corporation as currently filed w	ith the Florida Dept. of S	<u>tate</u>)	
P05000001221			_
(Document Number of Corpo	oration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this <i>Florida Profit Co</i>	rporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corpora	ntion:		
Medic Infusion PA			The new
name must be distinguishable and contain the word "co"Corp.," "Inc.," or Co.," or the designation "Corp," "Inword "chartered," "professional association," or the abbre	ic," or "Co". A professio		bbreviation
B. Enter new principal office address, if applicable:			25
(Principal office address MUST BE A STREET ADDRESS	Σ)	: • :	
	<u></u>	12.00	i iii
		,	5 F
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		# 15. # 15.50	ية ك بو
			- 01 - 6
		46-20-	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		iter the name of the	_
Name of New Registered Agent			
	Florida street address)		
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		e obligations of the position.	
Signature of New Reg	gistered 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_			
Add					
Remove					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
2) Change		_		_	
Add					
Remove					
3) Change		_		_	
Add					
Remove					
4) Change		_		-	
Add					
Remove					
5) Change		_		_	
Add				_	
Remove					
				•	
6) Change		_		-	
Add					
Remove				_	

	nal sheets, if necessary).	(Be specific)		
			.=	
<u>.</u>				
			-	
***		-		
<u> </u>				
. ,			•••	
			. 1212	
If an amendm	ent provides for an excha	nge, reclassification,	or cancellation of is	sued shares,
(if not ap.	r implementing the amenolicable, indicate N/A)	ument it not containt	a in the amendment	nsen:
(0	,			
•				
<u>.</u> .				

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_09/12	2/2013	
Signature		_
selected	rector, president or other officer – it directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Michael Metyk	
•	(Typed or printed name of person signing)	
	President	
•	(Title of nerson signing)	_