

P05000032062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

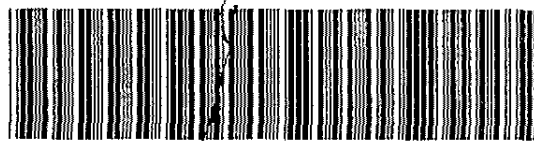
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06 JUL 28 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMEND
CPB
7/3/

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Inverrary Medical Group Inc.

DOCUMENT NUMBER: POS000032062

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

Please return all correspondence concerning this matter to the following:

ISMAEL LANDRON M.D.

(Name of Contact Person)

Inverrary Medical Group, Inc.

(Firm/ Company)

PO Box 267591

(Address)

Wilton, FL 33326

(City/ State and Zip Code)

For further information concerning this matter, please call:

ISMAEL LANDRON

(Name of Contact Person)

at (954) 377-8686

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2006

ISMAEL LANDRON M.D.
INVERRARY MEDICAL GROUP, INC
P O BOX 267591
WESTON, FL 33326

SUBJECT: INVERRARY MEDICAL GROUP INC.
Ref. Number: P05000032062

We have received your document for INVERRARY MEDICAL GROUP 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 document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 806A00043093

Corrected.
Thank you

RECEIVED
06 JUL 28 AM 8:00
DIVISION OF CORPORATIONS

Articles of Amendment
to
Articles of Incorporation
of

Inverrary Medical Group Inc.

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

P0500032062

(Document number of corporation (if known))

FILED
06 JUL 28 PM 3:25
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:

NEW CORPORATE NAME (if changing):

(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)**

Principal Address (New): 2800 Glades Circle #155 Ft Lauderdale
Registered Agent (Old): Steven Sanilow same address 3332

Michael Zoldan - Delete

Ismael Landron - President / owner

Ismael Landron (New) Registered Agent: 2800 Glades Cir
(SEE ATTACHED) #155, Ft. Lauderdale,
33327

(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)

(continued)

I hereby am familiar with and accept the duties and responsibilities as
registered agent for Inverrary Medical Group INC.

Ismael Landron

The date of each amendment(s) adoption: 5-23-05.

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)

RONALD LARSON MD.

(Typed or printed name of person signing)

COO / Pres. / Owner

(Title of person signing)

FILING FEE: \$35