

P06000101096

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(Requestor's Name)

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(City/State/Zip/Phone #)

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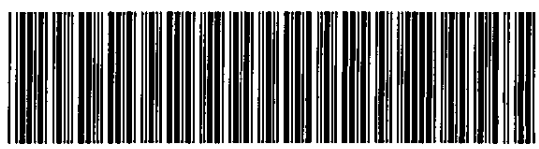
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(Business Entity Name)

\_\_\_\_\_  
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07 MAY 24 AM 7:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

20 May 24/11/

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** Naples Medical Care, Inc.

**DOCUMENT NUMBER:** P06000101096

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

Please return all correspondence concerning this matter to the following:

Bernard v. Jasmin, MD  
(Name of Contact Person)

Naples Medical Care, Inc.  
(Firm/ Company)

200 Cocohatchee Dr.  
(Address)

Naples, FL 34110  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Bernard v. Jasmin, MD at (239) 593-0526  
(Name of Contact Person) (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

May 15, 2007

BERNARD V JASMIN  
200 COCOHATCHEE DR  
NAPLES, FL 34110

SUBJECT: NAPLES MEDICAL CARE, PA  
Ref. Number: P06000101096

We have received your document for NAPLES MEDICAL CARE, PA and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

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) 245-6925.

Cynthia Blalock  
Document Specialist

Letter Number: 007A00033840

Articles of Amendment  
to  
Articles of Incorporation  
of

Naples Medical Care, Inc.

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

06000101096

(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:

**NEW CORPORATE NAME (if changing):**

Naples Medical Care, PA

(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)**

- The corporation, Naples Medical Care, PA, provides services to medical
- patients, to include examination of patients, diagnosed medical illnesses and
- render medical treatment and advice as deem necessary. It also provides
- preventive medicine consultations and recommendations.

(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)

07 MAY 24 AM 7 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

The date of each amendment(s) adoption: 4/27/2007

Effective date if applicable: 4/27/2007  
(no more than 90 days after amendment file date)

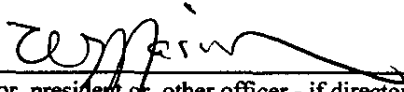
Adoption of Amendment(s) **(CHECK ONE)**

- ☐ 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)

Bernard V. Tjornin, MD  
(Typed or printed name of person signing)

President  
(Title of person signing)

**FILING FEE: \$35**