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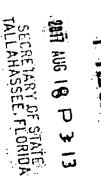
(Re	questor's Name)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	VASCO M. MARQUES, M.D., P.A.				
DOCUMENT NUMBER:	P06000125285				
The enclosed Articles of Amendmen	t and fee are submitted for filing.				
Please return all correspondence con-	cerning this matter to the following:				
	Isabel Quiles				
	Name of Contact Person				
	VASCO M. MARQUES, M.D., P.A.				
Firm/ Company					
3010 E 138TH AVE, SUITE 12					
	Address /				
TAMPA, FL 33613					
	City/ State and Zip Code				
	isabel@vmarquesmd.com				
E-mail ac	Idress: (to be used for future annual report notification)				
For further information concerning the	is matter, please call:				
lsabel Quile	s 813 975-2800				
Name of Contact Pers					
Enclosed is a check for the following	amount made payable to the Florida Department of State:				
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee cate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations Division of Corporations Clifton Building				



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 4, 2017

ISABEL QUILES 3010 E 138 AVE STE 12 TAMPA, FL 33613

SUBJECT: VASCO M. MARQUES, M.D., P.A.

Ref. Number: P06000125285

We have received your document for VASCO M. MARQUES, M.D., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 417A00015896



Articles of Amendment to **Articles of Incorporation** of

FILED

VASC	CO M. MARQUES	, M.D., P.A.
(<u>Name of Corpo</u>	ration as currently fi	iled with the Florida Dept. of State)
	P06000125285	SECRETARY OF STATE
(Do	ocument Number of Co	SECRETARY OF STATE TALLAHASSEE. FLORIDA orporation (if known)
		orida Profit Corporation adopts the following amend
If amending name, enter the new name of the	e corporation:	THE STATE OF THE S
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	Corp," "Inc," or "Co	The n ' "company," or "incorporated" or the abbreviate ". A professional corporation name must contain a A."
. Enter new principal office address, if application of the principal office address MUST BE A STREET A		N/A
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	(<u>BOX</u>)	N/A
o. If amending the registered agent and/or reg new registered agent and/or the new registe		s in Florida, enter the name of the
Name of New Registered Agent	N/A	
New Registered Office Address:	(Florida street N/A	, Florida
	(Ci	ity) (Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered age		h and accept the obligations of the position.
		ristered Agent, if changing
•	signature oj New Keg	isterea Agent, ij 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u> T	<u>Name</u> Fakhri, Hesham A	Address 2908 S. BAYSHORE CT.
1) Change			TAMPA, FL 33611
AddX Remove			
2) Change			
Add			
Remove			
3) Change			
Add			***
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
·	
	,

The date of each amendment(s) ac	option: N/A	, if other than the
date this document was signed.		7
Effective date if applicable:	N/A	
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing repartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast fficient for approval.	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for approve	ıl
bv	N/A	."
,	N/A (voting group)	_
action was not required.	pted by the board of directors without shareholder ac	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action	and shareholder
Dated	8/15/17	_
Signature	1/1/1	
(By a d selecte	rector, president or other officer – if directors or officer, by an incorporator – if in the hands of a receiver, to ed fiduciary by that fiduciary)	
	VASCO M.	MARQUES
	(Typed or printed name of person signing	
	President	
	(Title of person signing)	