

PD8000109727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

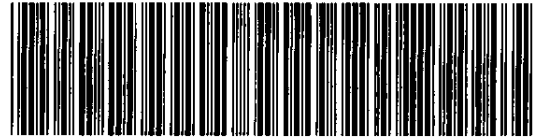
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/04/10--01027--025 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 OCT 14 PM 12:28

Amend
10.14.10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Intracoastal Medical Groups

DOCUMENT NUMBER: P08000109727

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

Please return all correspondence concerning this matter to the following:

Jason D. Boyd

Name of Contact Person

Intracoastal Medical Groups

Firm/ Company

935 Intracoastal Drive

Address

Ft. Lauderdale, Florida 33304

City/ State and Zip Code

jboyd13842@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason D. Boyd

Name of Contact Person

at (954)

540-9805

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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

October 6, 2010

JASON D. BOYD
INTRACOASTAL MEDICAL GROUPS, INC
935 INTRACOASTAL DR.
FT. LAUDERDALE, FL 33304

SUBJECT: INTRACOASTAL MEDICAL GROUPS, INC
Ref. Number: P08000109727

We have received your document for INTRACOASTAL MEDICAL GROUPS, 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 date of adoption of each amendment must be included in the document.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 410A00023716

RECEIVED
10 OCT 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Intracoastal Medical Groups, INC

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

P08000109727

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 OCT 14 PM 12:28

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

_____, Florida
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DPS	Jason D. Boyd	935 Intracoastal Drive Ft. Lauderdale, Florida 33304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	Todd Glassman	935 Intracoastal Drive Ft. Lauderdale, Florida 33304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DPS	Ralph Miniet	935 Intracoastal Drive Ft. Lauderdale, Florida 33304	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

The date of each amendment(s) adoption: 9/17/2010
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted 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.

Dated 9/17/2010

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)

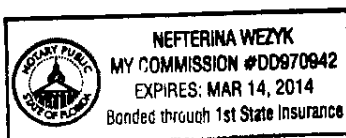
Jason D. Boyd

(Typed or printed name of person signing)

DPS

(Title of person signing)

Sworn to and subscribed before me this 13th day of October, 2010 by Jason D. Boyd, who is personally known to me.



X Nefterina Wezyk
X Nefterina Wezyk