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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*Amend*  
C.COULLIETTE

NOV 04 2010

EXAMINER

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Harbour Medical Group, Inc.

DOCUMENT NUMBER: P09000009262

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

Please return all correspondence concerning this matter to the following:

William R. Crumbley, M.D.

Name of Contact Person

Harbour Medical Group, Inc.

Firm/ Company

1930 Land O' Lakes Blvd., Suite 6

Address

Lutz, Florida 33549-2923

City/ State and Zip Code

harbourmedicalgroup@yahoo.com

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

For further information concerning this matter, please call:

William R. Crumbley

Name of Contact Person

at ( 813 )

949-4599

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

Articles of Amendment  
to  
Articles of Incorporation  
of

Harbour Medical Group, Inc.

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

P09000009262

(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:

**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:

Kenneth W. McGill, II

New Registered Office Address:

1930 Land O' Lakes Blvd., Suite 6

(Florida street address)

Lutz, Florida 33549-2923

(City)

Florida  
(Zip Code)

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**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>
<u>Pres.</u>	<u>Cheri York</u>	<u>1930 Land O'Lakes Blvd., Ste. 6</u> <u>Lutz, Florida 33549-2923</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Pres.</u>	<u>William R. Crumbley</u>	<u>1930 Land O'Lakes Blvd., Ste. 6</u> <u>Lutz, Florida 33549-2923</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Dir.</u>	<u>Jaime Wallace</u>	<u>1930 Land O'Lakes Blvd., Ste. 6</u> <u>Lutz, Florida 33549-2923</u>	<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)*

All interests of former CEO, Director, Cheri York, are hereby transferred in full to Dr. William R. Crumbley, M.D., per agreement of sale of company and all assets dated OCTOBER 01, 2010. Original incorporation name shall be maintained by William R. Crumbley, without any change, unless desired at some future date.

**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)*

All interests IN SHARES OF COMMON STOCK of NPV of former CEO, Director, Cheri York, were transferred to Dr. William R. Crumbley, M.D. at time of transfer of all interest in company on date of October 01st, 2010.

The date of each amendment(s) adoption: October 01st, 2010

Effective date if applicable: October 01st, 2010 <sup>(date of adoption is required)</sup>  
(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 October 01st, 2010

Signature

William R. Crumbley

(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)

William R. Crumbley

(Typed or printed name of person signing)

C.E.O., President

(Title of person signing)