

PO9000087043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

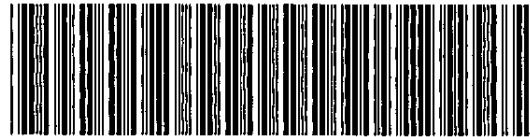
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200237090072

07/17/12--01023--016 **43.75

FILED
12 JUL 17 AM 10:55
TALLAHASSEE, FLORIDA

W-200003583
NC+And
Xee

JUL 18 2012

C. MUSTAIN

~~COVER LETTER~~

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Alphasante Medical Group, P.A.

DOCUMENT NUMBER: P09000087043

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

Please return all correspondence concerning this matter to the following:

Steve Vazquez

Name of Contact Person

Foley & Lardner

Firm/ Company

100 North Tampa Street, Suite 2700

Address

Tampa, Florida 33602

City/ State and Zip Code

Svazquez@foley.com

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

For further information concerning this matter, please call:

Steve Vazquez

Name of Contact Person

at (813) 225-4132

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

JUL 16 2012 3:12PM

No. 5269 P. 4

Articles of Amendment

16

Articles of Incorporation
of

Alphasante Medical Group, P.A.

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

P09000087043

(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:

MDLive Medical Group, P.A.

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

F&L CORP.

ONE INDEPENDENT DRIVE STE 1300

(Florida street address)

New Registered Office Address:

JACKSONVILLE

Florida 32202-5017

(City)

(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.

Charles V. Hedrick

Signature of New Registered Agent, if changing

Charles V. Hedrick, Authorized Signatory

FILED
12 JUL 17 AM 10:56
TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

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.

Example:

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
--------------	-----------	--------------------

Address

d) ____ Change _____
____ Add _____
____ Remove _____

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

[illegible]

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: 6/19/2012

Effective date if applicable: 7/15/2012

(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 6/19/2012

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)

Stephen Parker, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)