# P09000101410

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SECRETARY OF STATE
TALLAHASSEF, FLORID.

Amend + N/c

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:		VENTRE MD CONSULTING, INC.	
DOCUMENT NUMBER:		P09000101410	
The enclosed Article	es of Amendment and	fee are submitted for filing.	
Please return all corr	respondence concernir	ng this matter to the following:	
_		JAMES S. TROY, ESQ.	
		Name of Contact Person	
<del></del>	LAW OF	FICES OF JAMES S. TROY, LLC	
		Firm/ Company	
1300 N.E. 3RD STREET, #16			
Address  FORT LAUDERDALE, FL. 33301			
	Ver E-mail address: (to b	ntremd@hotmail.com pe used for future annual report notification)	
For further informati	on concerning this ma	atter, please call:	
JAMES S. TROY, ESQ.		at ( 954 ) 682.1039	
Name of	Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check t	for the following amou	unt made payable to the Florida Department of State:	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee &	
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

### VENTRE MD CONSULTING, INC.

	Articles of Amendment	
	to	\$ // ·
Α	Articles of Incorporation	1 20/1
	of	Se JANIA CO
VENTRE MD	CONSULTING, INC	Dept. of State)  A SECRETARY AM 9. 32  Dept. of State)  Vn)
(Name of Corporation as curre	ntly filed with the Florida	Dept. of State
P090	000101410	E. FLORIE
(Document Num	ber of Corporation (if know	vn)
arsuant to the provisions of section 607.1006 nendment(s) to its Articles of Incorporation:	, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the followin
If amending name, enter the new name of	the corporation:	
PETER VE me must be distinguishable and contain the	ENTRE, M.D., P.A.	The new
Enter new principal office address, if application of the address MUST BE A STREET  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC)  If amending the registered agent and/or registered agent and/or the new registered agent	T ADDRESS )  CE BOX  egistered office address in	Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street ad	ldress)
_	(C:L.)	, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing		
ereby accept the appointment as registered ag	ent. I am familiar with an	d accept the obligations of the position.
Sis	gnature 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) Title, Type of Action <u>Name</u> Address ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ARTICLE I: PETER VENTRE, M.D., P.A. ARTICLE III: PROVISION OF MEDICAL SERVICES 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) N/A

The date of each amendmen	t(s) adoption: JAN. 3, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_JAN	. 3, 2011
Signature	
sele	a director, president or other officer—if directors or officers have not been ected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	PETER VENTRE MD
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)