

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SCARLETT Y. MONROY-ALBA, M.D., P.A.

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P.002/008

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	Scarlett Y. Monroy-Alba, M.D., P.A.
DOCUMENT NU	MBER:	· P10000017941
The enclosed Artic	les of Amendment and fee	are submitted for filing.
Please return all co	rrespondence concerning t	his matter to the following:
-	Tem	ple H. Drummond, Esq.
		Name of Contact Person
	Drum	mond Wehle & Ross LLP
		Firm/ Company
	6987 East Fowler Avenue	
		Address
	Т	ampa, Florida 33617
		City/ State and Zip Code
_	tem E-mail address; (to be u	ple@dwrfirm.com sed for future annual report notification)
For further informa	ation concerning this matte	r, please call:
Temple	H. Drummond, Esq.	at (813) 983-8000 Area Code & Daytime Telephone Number
Name	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check	k for the following amount	made payable to the Florida Department of State:
☑ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fce & □\$52.50 Filing Fce Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fce Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
		Tallahassee, FL 32301

850~617~6381

7/28/2010 9:52:37 AM PAGE

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July 28, 2010

FLORIDA DEPARTMENT OF STATE

SCARLETT Y. MONROY-ALBA, M.D., P.A.

4141 ROLLING SPRING DR. TAMPA, FL 33624

SUBJECT: SCARLETT Y. MONROY-ALBA, M.D., P.A.

REF: P10000017941

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

If the corporation is a PROFIT corporation it must be signed 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.

If the corporation is a NOT FOR PROFIT corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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 filling of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II FAX Aud. #: B10000170747 Letter Number: 310A00018200

MECENTEL 2010 AUG 31 AM 8: 00 SECRETARY 37 STATE SECRETARY 37 STATE TALL AHASSEE, FLORIDA

P.O BOX 6327 - Tallahassec, Florida 32314

	mendment
~ to	LOID AUG 2
Articles of Inc of	mendment 2010 AUG 31 ALLAHASSEE, F. the Florida Dent. of State)
Scarlett Y. Monroy-Alba, I	M.D., P.A.
(Name of Corporation as currently filed with	the Florida Dent. of State)
P10000017941	
(Document Number of Corporat	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Staturmendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the follo
A. If amending name, enter the new name of the corporation	on:
	The new
name must contain the word "chartered," "professional associated by the most contain the word "chartered," "professional associated by the containing the word "chartered," "professional associated by the containing t	8309 Gunn Highway Tampa, Florida 33626
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8309 Gunn Highway Tampa, Florida 33626
	e address in Florida, enter the name of the
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office at Name of New Registered Agent:	
<u>Name of New Registered Agent;</u>	
new registered agent and/or the new registered office as Name of New Registered Agent;	rida street address), Florida

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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>	Name	Address	Type of Action
<u>D</u>	Scarlett Y. Monroy-Alba	4141 Rolling Springs Drive Tamps, Florida 33624	. ☐ Add ☑ Remove
<u>D</u>	Scarlett Y. Monroy-Alba	8309 Gunn Highway Tampa, Florida 33626	☑ Add ☐ Remove
			☐ Add ☐ Remove
E. If amendin (attach addi	g or adding additional Articles, enter tional sheets, if necessary). (Be specifically additional sheets)	change(a) here:	
provisions	ndment provides for an exchange, recl for implementing the amendment if a applicable, indicate N/A)	nssification, or cancellation of iss not contained in the amendment	sued shares. itself:
· · · · · · · · · · · · · · · · · · ·			<u>.</u>
	<u> </u>	<u> </u>	

Effective date if applicable:(
	(date of adoption is required) Effective date if applicable: (no more than 90 days after amendment flie date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.			
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):			
"The number of votes ca	st for the amendment(s) was/were sufficient for approval			
by	voting group)			
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder			
Dated_July 2	9, 2010			
Signature	gualda			
selec	director, president or other officer — if directors or officers have not been ted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)			
	Scarlett Y. Monroy-Alba			
	(Typed or printed name of person signing)			