

P10000019263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

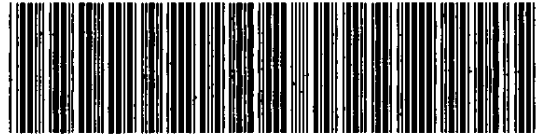
(Document Number)

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Amend

FILED
10 MAY -7 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts MAY 07 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2010

JUAN A. GONZALEZ
MD FAMILY PHARMACY, INC.
127 WEST FAIRBANKS #232
WINTER PARK, FL 32789

SUBJECT: MD FAMILY PHARMACY, INC.
Ref. Number: P10000019263

We have received your document for MD FAMILY PHARMACY, 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 910A00010042

RECEIVED
2010 MAY 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2010

MD FAMILY PHARMACY, INC.
JUAN A. GONZALEZ
127 WEST FAIRBANKS #232
WINTER PARK, FL 32789

SUBJECT: MD FAMILY PHARMACY, INC.
Ref. Number: P10000019263

We have received your document for MD FAMILY PHARMACY, 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):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 810A00009008

RECEIVED
2010 APR 22 AM 8:20
TAMPA OFFICE
FLORIDA SECRETARY OF STATE

ENCLOSURE. Reopen Forms

THANKS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MD FAMILY PHARMACY

DOCUMENT NUMBER: P 100000 19263

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

Please return all correspondence concerning this matter to the following:

Juan A. Gonzalez
Name of Contact Person

SAVIS
Firm/ Company

127 W. FAIRBANK #212
Address

WINTER PARK FL 32789
City/ State and Zip Code

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

For further information concerning this matter, please call:

Juan A. Gonzalez at (407) 719 9135
Name of Contact Person 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

MD FAMILY PHARMACY, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

210000019263

(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:

n/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:

New Registered Office Address:

JUAN, GONZALEZ
~~Company Corporation~~

127 W. FARROW
(Florida street address)

Winter Park, Florida FL 32789
(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.

JUAN A. GONZALEZ
Signature of New Registered Agent, if changing

FILED
10 MAY -7 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 | Name | Address | Type of Action |
|-------|-------------|---|--|
| D | RAFAEL RUIZ | 128 W. Fairview # 232 Winna Parrot PL 3789 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input 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)

N/A

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 amendment(s) adoption: 4-10-10
(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 April 10 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)

Tom A. Gorman
(Typed or printed name of person signing)

Director
(Title of person signing)