

P110000093973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600230083076

Amend

04/20/12--01012--019 **35.00

FILED
2012 JUL 30 PM 12:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

*00789, 00524, 00672

DOE
7/31/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2012

Amarchand Lingappa
3210 W. Columbus Dr.
Suite B
Tampa, FL 33607

SUBJECT: HEALTHY LIVING MEDICAL CENTER WALK-IN CLINIC INC
Ref. Number: P11000093973

We have received your document for HEALTHY LIVING MEDICAL CENTER WALK-IN CLINIC 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):

Please list Joseph Randall's title on line # 3 on page 2 of the amendment form.

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) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 612A00012726

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEALTHY LIVING MEDICAL CENTER WALK-IN CLINIC, INC.

DOCUMENT NUMBER: P11000093973

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

Please return all correspondence concerning this matter to the following:

JOSEPH RANDALL

Name of Contact Person

1419 W. WATERS AVENUE

Firm/ Company

SUITE 105

Address

TAMPA FL 33610

City/ State and Zip Code

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

For further information concerning this matter, please call:

JOSEPH RANDALL

Name of Contact Person

at (813)

443-0588

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

2012 JUL 30 PM 12:27

TO AGENCY OF
SUFFICIENCY OF

Articles of Amendment
to
Articles of Incorporation
of

HEALTHY LIVING MEDICAL CENTER WALK-IN CLINIC INC

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

P11000093973

(Document Number of Corporation (if known))

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TALLAHASSEE FLORIDA

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)

1419 W WATERS AVENUE
SUITE 105
TAMPA FL 33610

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1419 W WATERS AVENUE
SUITE 105
TAMPA FL 33610

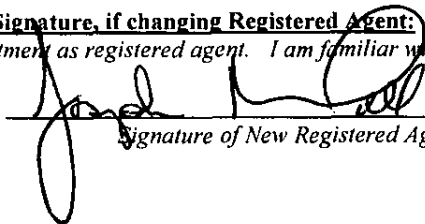
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent JOSEPH RANDALL
1419 W WATERS AVENUE SUITE 105
(Florida street address)

New Registered Office Address: TAMPA, Florida 33610
(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.


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)

Please note the officer/director title by the first letter of the office title:

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.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change	<u>PT</u>	<u>AMARCHAND LINGAPPA</u>	<u>1419 W WATERS</u>
_____ Add			<u>SUITE 105</u>
_____ Remove			<u>TAMPA FL 33610</u>
2) <u>X</u> Change	<u>V</u>	<u>JOSEPH RANDALL</u>	<u>1419 W WATERS</u>
_____ Add			<u>SUITE 105</u>
_____ Remove			<u>TAMPA FL 33610</u>
3) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
4) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
5) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
6) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach *additional sheets, if necessary*). (Be specific)

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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: JULY 23 2012

Effective date if applicable: _____
(no more than 90 days after amendment file date)

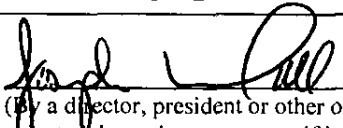
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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 JULY 23 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)

JOSEPH RANDALL
(Typed or printed name of person signing)

VICE-PRESIDENT
(Title of person signing)