P110000 95490

(Requestor's Name)
•
(Address)
((10000))
(Address)
(City/State/Zip/Phone #)
(Gity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Securioni Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
·
·

Office Use Only



200215184832

12/19/11--01024--028 **70.00

TOPEC 29 AN II: 58

C.COULLIETTE

DEC 29 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: LAUTAULA ME	me of Corporation
DOCUMENT NUMBER: P11000	095490
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Name of Contact Person	ght
MAUK & Sheet	rAta Esq
135 SE 577	900
Delne q Beach	El 33483
E-mail address: (to be used for future armual rep.	ort notification)
For further information concerning this mat	ter, please call:
TROCK BAIGHT	at (561) 278-0200 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy
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

COVER LETTER

TO: Amendment Section **Division of Corporations**

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATIO	N: La asTa	ava ne	RICE!	center	, Inc
DOCUMENT NUMBER: _	P 110000	95490		·	_
The enclosed Articles of Amo	endment and fee are s	ubmitted for filing.			
Please return all corresponde	nce concerning this ma	atter to the following:			
	J 72	occe Br	1950		
		Name of Contact Person	1		
<u></u>	MARK	L ShuMA	ter 2	Fso	
		Firm/ Company	,		
	135	SE 5 M.	ACC		
		Address	<u> </u>		
	7 - 1.	12 1	E1 -	27 //02	
	Walker G	City/ State and Zip Code	<i></i>	33482	
	·	City/ State and Zip Cour	.		
E For further information conce		ised for future annual report	notification)		
2 or raining morniagion conce	ming this matter, prea	se can.			
J Rosse	- BNG	at (561	1278	-0200	
Name of Cont	act Person	Area Co	de & Daytime To	elephone Number	
Enclosed is a check for the fo	llowing amount made	payable to the Florida Depa	urtment of State:		
	\$43.75 Filing Fee & Certificate of Status enclosed)	□\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional C	S52.50 Filin Certificate of Certified Coropy is enclosed)	f Status py	
			15 511010000)		
Mailing Ac Amendmen Division of P.O. Box 6	t Section Corporations	Amend Divisio	Address ment Section n of Corporation Building	s	

2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2011

J. REEVE BRIGHT ATTN: MARK 135 SW 5TH AVE DELRAY BEACH, FL 33483

SUBJECT: LANTANA MEDICAL CENTER, INC

Ref. Number: P11000095490

11 DEC 29 AM 8: 31

We have received your document for LANTANA MEDICAL CENTER, INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

You need to make all these changes on the articles of 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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 611A00028328

Articles of Amendment to Articles of Incorporation of

LANTARE Mcdical Center In	ےں	
(Name of Corporation as currently filed with the Florida Dept. of State)	_	
P11000095490		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amend	lment(s) to
A. If amending name, enter the new name of the corporation:		
	The n	n du i
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abi "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co word "chartered," "professional association," or the abbreviation "P.A."	breviat	tion
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)	所DEC 29 AM II: SU	FILEB SECRETARY OF GLASE ISION OF CORPORATE
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 Richard MA2112		
502 W. Lanstella rel (Florida street address)		
New Registered Office Address: Lantana , Florida 33 463 (City) (Zip Code)	<u>, </u>	
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	<u>PT</u> John	Doc	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) \times Change \times Add Remove	blad	Richard MAZLIN	SOZ W. Lastara Rd
2) Change Add Remove	<u>2120</u>	SAID KONBASY	502 Le LaxTern 10
3) Change Add Remove			
4) Change Add Remove	· ·		
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets,	if necessary). (s, enter change(Be specific)			
N.A.					
	W				
		<u>. </u>			 -
			·		
		<u> </u>			 , -
					
					
					
an amendment provid provisions for impleme (if not applicable, in	<u>nting t</u> he amendr	ge, reclassificati nent if not conta	on, or cancellatio	n of issued share dment itself:	<u>s.</u>
	/	V. P.		<u> </u>	
			<u> </u>		
					· ···
		···			
			 	<u></u>	
				<u> </u>	

inc date of each amendment(s)	adoption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or 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)
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 12/	27/11
Signature	Proble
selec	director, president or other efficer – 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)
	(Typed or printed name of person signing)
	(Title of person signing)