# P120000 44157

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

C. LEWIS

AUG - 9 2013

EXAMINER

#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** RUBEN FONT, JR., M.D., P.A. NAME OF CORPORATION: P12000044157 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RUBEN FONT JR
Name of Contact Person RUBEN FONT JR, MD PA
Firm/ Company 10075 GATE PKWY N Unit 2901

Address

JACKSONVILLE, FL 3224C

City/ State and Zip Code RFONT JR @GMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person

Area Code & Daytime Telephone Number

□ \$35 Filing Fee
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(Additional copy is enclosed)
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(Additional Copy is enclosed)
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(Additional Copy is enclosed)

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

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Street Address

#### Articles of Amendment

to
Articles of Incorporation
of

FILED

13 AUG -6 PM 1:19

RUBEN FONT JR	M.D., P.A. SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of Corporation as currently f	lled with the Florida Dept. of State)
P12000	044157
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	DRESS)  113 S. MONROE ST, 15 FLOG ALLIANCE CENTER  22201
(Principal office address MUST BE A STREET ADI	TALLAHASSEE, FL 32301
	TALLAHASSEE, 100
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	113 S. MONKOE ST, 1st FLOOR TALLAHASSEE FL 32301'
	TALLAHASSEE FL 32301'
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the
new registered agent audor the new registered	<del></del>
Name of New Registered Agent	러/셔
	(Florida street address)
New Registered Office Address:	, Florida
	(City) , Florida (Zip Code)
Name Descriptional Assemble Circumstance of the control of the con	gistanad A gant.
New Registered Agent's Signature, if changing Rej I hereby accept the appointment as registered agent.	gistered Agent:  I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

### If amenting 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		NIA	
Add			
Remove			
2) Change			
Add			
Remove			ed Park and the second of second control and the second control and
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

16	ets, if necessary). (Be specific)		
NIA			<del> </del>
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		······································	
<del> </del>	<del>.</del>		
	<del></del>		
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<u> </u>			
3		(# - 4)	
ovisions for imp	ovides for an exchange, reclass ementing the amendment if not	contained in the amendment	itself:
(if not applicab	le, indicate N/A)		
NIA			
		·	

## FILED

The date of each amendment(s) adoption:date this document was signed.	NIP	13 AUG - 6	P# 1: 19	, if other than th
<del>-</del>		SECRETAR' TALLAHASSE	OF STATE	
Effective date if applicable:	(no more than 90 days afi	er amendment file dat	F FLORIDA	_
		·		
Adoption of Amendment(s) (CHI	ECK ONE)			
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a		of votes cast for the an	nendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the amen	dment(s) was/were sufficie	nt for approval		
by		.,,		
(voti	ing group)			
☐ The amendment(s) was/were adopted by the baction was not required.	poard of directors without s	thareholder action and	shareholder	
The amendment(s) was/were adopted by the i action was not required.	incorporators without share	holder action and shar	eholder	
Dated 08/61	12013			
Signature	- Lout	2		
(By a director, presi	dent or other officer - if di			_
selected, by an inco appointed fiduciary	rporator – if in the hands o by that fiduciary)	t a receiver, trustee, or	other court	
	n –			
	RUBEN FO (Typed or printed na	NT JR	· · · · · · · · · · · · · · · · · ·	
	(Typed or printed na	me or person signing)		
	PRESIDENT			
	(Title of pers	son signing)		