## P1200066781

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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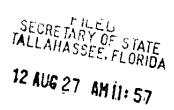
8/29/12 RW Amend SECRETARY OF STATE SECRETARY OF STATE ORIDING 27 AH 11: 57

## **COVER LETTER**

TO: Amendment Section Division of Corpor							
NAME OF CORPOR	ATION: MIL-LAKE	MEDICAL TWO,	PA				
	P1200006678						
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•	condence concerning this mat	ŭ					
riciae retuin an correst.	condence concerning and mad	ier to the following.	•				
	D.	AVID ABELLAR	D				
<del>-</del>		Name of Contact Person					
	MIL-LAK	E MEDICAL TV	<u>/O, PA</u>				
	0.40	Firm/ Company	LV/D				
-	240	1 QUANTUM BI	LVU				
	BOYNT	Address ON BEACH, FL	33426				
-	BOTIVI	City/ State and Zip Code	a				
	l al	•					
		duclas@gmail.com					
	D-man neutross (to be as	os is fatero amiga, report	1101111011011011				
For further information	concerning this matter, pleas	e call:					
DAVID ABEL	LARD	ալ 561	433-4446 de & Daytime Telephone Number				
Name o	f Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made p	payable to the Florida Depu	riment of State:				
\$35 Filing Fee \$\text{Ccrtificate 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)				
	ing Address	Street Address					
	ndment Section sion of Corporations	Amendment Section Division of Corporations					
P.Q.	Box 6327	Cliffon	Building				
Talla	hassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation υſ



MIL-LAKE MEDICAL TWO, PA		
(Name of Corporation as currently filed with the I	Florida Dept, of State)	
P12000066781		
(Document Number of Corporation (	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amen	dment(s) t
A. If amending name, enter the new name of the corporation:		
	The	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain	ition 1 the
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 new registered agent and/or the new registered office address		
Name of New Registered Avent		
(Florida s	street address)	
New Registered Office Address: (Cin	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	<u>nt:</u>	
Signature of New Registered	d Avent, if changing	
=-6 V D		

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 hold. 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	0	Wyslaine Lamontagne	2401 Quantum Blvd
			Boynton Beach, FL
X Remove			33426
2) Change	0	Harelle Menard-Duncan	2401 Quantum Blvd
Add			Boynton Beach, FL
X Remove			33426
3 ) Change			
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			**************************************
Remove			
6) Change			
Add			
Kemove			

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(Att	tach <i>add</i>	litional s	ding ad theets, if	necess	נעזו).	(Be spe	cific)		_				
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If:	an ame	ndment	provide	ex for a	n exch:	ange, re	classific	ation, c	r cance	ilation e amenda	of issue	<u>I shares</u>	la.
P	(if no	ot applic	able, inc	itting to dicate λ	<u>////</u> ///	<u>iament</u>	n not ci	mannet	i in the	amenun	16111 1121	711;	
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The dute of each amendment(s) a	AUGUST 22, 2012
Effective date if applicable:	JGUST 22, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder
action was not required.	opted by the incorporators without shareholder action and shareholder
Dated AUG	JST 22, 2012
<b>∀</b> Signature <b></b>	land fevories
(By a select	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	DAVID ABELLARD
	(Typed or printed name of person signing)
	OFFICER
	(Title of person signing)