## P130000017488

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Physicians MSO Inc DOCUMENT NUMBER: P13000092688 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Evaldo F Dupuy Name of Contact Person Physicians MSO Inc Firm/ Company 11 Isalnd Avenue, #707 Address Miami Beach, FL 33139 City/ State and Zip Code efdupuy@coastinvestors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Fred Dupuy 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Articles of Incorporation**



## Physicians MSO Inc

(Name of Corporation as currently filed with the Florida Dept. of State)			
P13000092688			
	(Document Number of Corporation (if known)		

lment(s) to

(Documer	nt Number of Corporation (if I	known)	····	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amend	me
A. If amending name, enter the new na	ame of the corporation:			
<u> </u>				iew
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corp		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		11 Island Avenue		
		#707		
		Miami Beach,	FL 33139	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11 Island Ave	nue	
		#707		
		Miami Beach,	FL 33139	
D. If amending the registered agent an		ss in Florida, enter the	name of the	
new registered agent and/or the ne	Evaldo F Dupuy			
Name of New Registered Agent		- # 707	_	
	11 Island Avenue			
	(Florida stree Miami Beach	ŕ	33139	
New Registered Office Address:	(City)	, Flor	(Zip Code)	
	(Спу)		(Lip Code)	
New Registered Agent's Signature, if c		or restriction		
I hereby accept the appointment as regis	lared agoni. I am familiar wi	th and accept the obligat	tions of the position.	
	f long Brains I I	out if abouting		
31	gnature of New Registered Ag	geni, ij 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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u> Jones</u>	
X Add	SV Sally	/ Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P, S	Hernandez, Pedro	6355 NW 36 Street
Add			Suite 604
Remove			Virginia Gardens, FL 33166
2) Change	P, S	Dupuy, Evaldo F	11 Island Avenue
Add			#707
Remove			Miami Beach, FL 33139
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessor	ary). (Be specific	nange(s) here: :/		
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If an amendment provides for an provisions for implementing the (if not applicable, indicate N.	e amendment if no	sincation, or cance of contained in the	ellation of issued sh amendment itself:	ares,
лу погаррисавіе, іпаісате х				
лу погаррисавіе, іпаісате N				
лу погаррисавіе, іпаісате N				
лу пон аррисавіе, іпансате N				
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(у погаррисавіе, іпаісате N				
(у погаррисавіе, іпаісате №				

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: July 28, 2014	
(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 25, 2014	
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)	
Evaldo F Dupvy (Typed or printed name of person signing)	
President	
(Title of person signing)	