

P15 0000 63539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

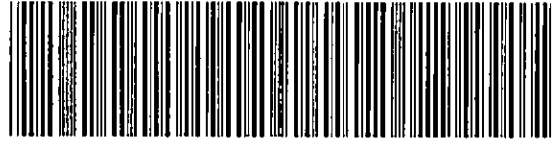
(Document Number)

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Special Instructions to Filing Officer:

J. HORNE  
MAY 30 2024

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2024 MAY 29 PM 10:36

RECEIVED

2024 MAY 29 AM 11:11

U.S. DEPARTMENT OF THE TREASURY



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 05/29/24  
Order #: 1518911-1  
Re: Medical Physicians, Inc.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:

120000000195

auth

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the word "auth".

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Medical Physicians, Inc.

**DOCUMENT NUMBER:** P15000063539

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

Please return all correspondence concerning this matter to the following:

Jeffrey J. Norton

Name of Contact Person

Firm/ Company

13495 Veterans Way, Suite 330

Address

Orlando, FL 32827

City/ State and Zip Code

jeffrey.norton@fountainlife.com

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

For further information concerning this matter, please call:

Jeffrey J. Norton at ( 239 ) 207 1307  
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:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Medical Physicians, Inc.

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

P15000063539

(Document Number of Corporation (if known))

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**)

1000 Immokalee, Suite 90

Naples, FL 34110

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

13495 Veterans Way, Suite 330

Orlando, FL 32827

**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 Corporation Service Company

1201 Hays Street

(Florida street address)

New Registered Office Address: Tallahassee, Florida 32301

(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.*

*Shauna Godbolt*

Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

**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>CEODF</u>	<u>William K. Kapp III, MD</u>	<u>13495 Veterans Way, Ste. #330</u>
<u>      </u> Add			<u>Orlando, FL 32827</u>
<u>      </u> Remove			
2) <u>      </u> Change	<u>CEOD</u>	<u>Tobin J. Geatz</u>	<u>9132 Strada Place, Ste 200</u>
<u>      </u> Add			<u>Naples, FL 34018</u>
<u>X</u> Remove			
3) <u>X</u> Change	<u>COOD</u>	<u>Shawn Buchheit</u>	<u>13495 Veterans Way, Ste. #330</u>
<u>      </u> Add			<u>Orlando, FL 32827</u>
<u>      </u> Remove			
4) <u>      </u> Change	<u>CFOTS</u>	<u>James Pool</u>	<u>9132 Strada Place, Ste 200</u>
<u>      </u> Add			<u>Naples, FL 34018</u>
<u>X</u> Remove			
5) <u>      </u> Change	<u>S</u>	<u>Jeffrey J. Norton</u>	<u>13495 Veterans Way, Ste. #330</u>
<u>X</u> Add			<u>Orlando, FL 32827</u>
<u>      </u> Remove			
6) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			<u>      </u>
<u>      </u> Remove			<u>      </u>

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

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)"

Dated 5/22/2024

DocuSigned by: \_\_\_\_\_

Signature

Jeffrey Norton

BB47837E84A94DB

(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)

Jeffrey J. Norton

\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary

\_\_\_\_\_  
(Title of person signing) AMEND-13079