

P18000068045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

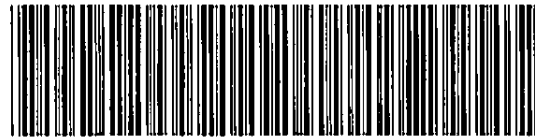
(Document Number)

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2018 SEP 24 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FL

N/C  
Amend.

09-27-18

De



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2018

SANDRA CROCKER  
23108 POST GARDENS WAY  
SUITE 214  
BOCA RATON, FL 33433

SUBJECT: THE MEDICAL CHOICE NETWORK, INC  
Ref. Number: P18000068045

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You cannot signed the document before the actual date.

Please list the street address of each officer/director.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 418A00018870

REC-11  
3 SEP 21 AM 10 00  
REGISTRATION

*Please send any correspondence to  
the above address - Thank you,  
Sandra Crocker*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2018

SANDRA CROCKER  
4994 W. PINE ISLAND ROAD  
SUNRISE, FL 33351

SUBJECT: THE MEDICAL CHOICE NETWORK, INC  
Ref. Number: P18000068045

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 818A00017874

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Medical Choice Network, inc.

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Sandra Crocker

\_\_\_\_\_  
Name of Contact Person

Medical Choice Network, Inc.

\_\_\_\_\_  
Firm/ Company

4994 W. Pine Island Road

\_\_\_\_\_  
Address

Sunrise Florida

\_\_\_\_\_  
City/ State and Zip Code

sandimarchetti@gmail.com ✓

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

For further information concerning this matter, please call:

Sandra Crocker

at ( 404 ) 426-3454  
\_\_\_\_\_  
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 checked="" 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

The Medical Choice Network, Inc

(Name of Corporation as currently filed with the Florida Secretary of State  
TALLAHASSEE, FL

(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:

Patient Advocate Protection, Inc.

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)

23108 Post Gardens Way

Suite 214

Boca Raton, Florida 33433

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(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.

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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☐ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change      P      Dante Sciara

☐ Add

☒ Remove

2) ☐ Change      CEO      Joseph C. Werther

☒ Add

☐ Remove

3) ☐ Change      D      Joseph D. Crocker

☒ Add

☐ Remove

4) ☒ Change      VP      Sandra Crocker

☐ Add

☐ Remove

5) ☐ Change      VP      Sandra Marchetti Crocker

☒ Add

☐ Remove

6) ☐ Change      \_\_\_\_\_

☐ Add

☐ Remove

~~\_\_\_\_\_~~  
4515 NW 20th St  
Coconut Creek, FL 33066

~~23108 Post Gardens~~  
Suite 214  
Boca Raton, FL 33433

23108 Post Gardens  
Suite 214  
Boca Raton, FL 33433

23108 Post Gardens  
#214  
Boca Raton, FL 33433

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

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(if not applicable, indicate N/A)

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

Effective date if applicable: September 21, 2018  
(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 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 August 21, 2018

Signature Sandra Crocker  
(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)

Sandra Crocker

(Typed or printed name of person signing)

Vice President

(Title of person signing)