

P97000007049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



100162655211

11/13/09--01039--002 \*\*43.75

2009 NOV 13 A 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Amerel NC  
Tewis  
11-16-09

Nov. 6. 2009 11:46AM

No. 0652 P. 1/5

ACCOUNTING MANAGEMENT SERVICES  
2344 CRESTOVER LN BLDG 7  
WESLEY CHAPEL, FL 33544  
Tel: (813) 907-8656 Fax: (813) 907-1717  
e-mail: JOSE@ACCOUNTINGWORKSHOP.COM

## Fax Transmission Cover Sheet

Number Faxed To: (813) 877-1277 Date: 11/06/2009

To: JOSE W RODRIGUEZ *DAWN* From: JOSE S RAMOS, M.B.A., PA

Company: JOSE WILLIAM RODRIGUEZ, MD, PA Tel: (813) 878-2229

Regarding: CORPORATE CHANGE OF NAME

☒ Urgent ☒ Response Required ☐ For Your Review ☐ Please Comment

Number of Pages Faxed - including cover sheet: 5

Comments:

DAWN:

ENCLOSED PLEASE FIND COVER LETTER ALONG WITH THE ARTICLE OF AMENDMENT OF THE CORPORATION TO MATCH THE NAME TO THOSE OF THE FEDERAL TAX RETURNS.  
DR. RODRIGUEZ NEED TO SIGN ON THE THIRD PAGE(PAGE 3 OF 3), AND EXPRESS MAIL TO:

FLORIDA DEPARTMENT OF STATE  
AMENDMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

JOSE'

### Disclaimer

This written advice is not intended or written to be used, and it cannot be used, by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer.

### Confidentiality Notice

This transmission is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, distribution, or copying of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone or fax.

Nov. 6. 2009 11:46AM

No. 0652 P. 2/5

**COVER LETTER**

**TO: Amendment Section**  
Division of Corporations

**NAME OF CORPORATION:** J.RODRIGUEZ,P.A.

**DOCUMENT NUMBER:** P97000007049

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

Please return all correspondence concerning this matter to the following:

JOSE W RODRIGUEZ

Name of Contact Person

JOSE W RODRIGUEZ MD PA

Firm/ Company

2605 W SWANN AVE STE 600

Address

TAMPA,FL 33609

City/ State and Zip Code

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

For further information concerning this matter, please call:

JOSE W RODRIGUEZ

Name of Contact Person

at ( 813 )

876-7073

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 &  
Certificate 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)

**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

Nov. 6. 2009 11:46AM

No. 0652 P. 3/5

Articles of Amendment  
to  
Articles of Incorporation  
of

J. RODRIGUEZ, P.A.

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

P97000007049

(Document Number of Corporation (if known))

FILED

2009 NOV 13 A 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

JOSE W RODRIGUEZ MD PA

*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**)

2605 W SWANN AVE STE 600

TAMPA FL 33609

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

2605 W SWANN AVE STE 600

TAMPA FL 33609

**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:

New Registered Office Address:

(Florida street 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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

---

---

---

---

---

---

---

---

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

---

---

---

---

---

---

---

---

The date of each amendment(s) adoption: 11/01/09  
(date of adoption is required)

Effective date if applicable: 11/01/09  
(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 11/06/09

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)

JOSE W. RODRIGUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)