

P97000098235

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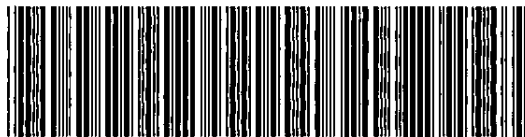
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Central Florida Primary Care
Associates PA

DOCUMENT NUMBER: P 97 0000 98235

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

Please return all correspondence concerning this matter to the following:

Robert L. Bateman
(Name of Contact Person)

Central Florida Primary Care Assoc PA
(Firm/ Company)

1670 E Hwy 50 Suite E
(Address)

Clermont, FL 34711
(City/ State and Zip Code)

For further information concerning this matter, please call:

Robert L. Bateman, DO at (352) 243-5673
(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 &
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
CENTRAL FLORIDA PRIMARY CARE ASSOCIATES, INC.

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TALLAHASSEE, FLORIDA

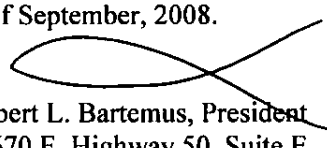
The undersigned, for the purpose of changing its business purpose from the rendering of professional services pursuant to the Florida Professional Service Corporation and Limited Liability Company Act to a corporation authorized to transact any lawful business pursuant to the Florida Business Corporation Act, hereby adopt the following Articles of Amendment pursuant to Sections 621.13(4) and 607.1001, Florida Statutes:

1. Articles of Incorporations is hereby deleted in its entirety and replaced with the following:

Article 1. Name. The name of the Corporation is: Central Florida Primary Care Associates, P.A.
Corporate Address: 1670 E. Highway 50, Suite E, Clermont, FL 34711
2. Article 3. Purpose. The general purposes for which the Corporation is organized are the following.
 - A. To engage in and transact any lawful business for which corporations may be incorporated to practice of osteopathic medicine under the Florida Professional Service Corporation and Limited Liability Company Act. No other purpose limits this general purpose in any way.
 - B. To do such other things as are incidental to the purposes of the Corporation or necessary or desirable in order to accomplish them.
3. Pursuant to Section 607.1003, Florida Statutes, the foregoing amendments were proposed to the Shareholders by the Board of Directors, and the number of votes cast for the amendment by the shareholders was sufficient for approval, and the amendment was adopted September 4, 2008.

In all other respects, the Articles of Incorporation shall remain as they were prior to this Amendment being adopted.

IN WITNESS WHEREOF, I hereby set my hand and seal this 4th day of September, 2008.


Robert L. Bartemus, President
1670 E. Highway 50, Suite E
Clermont, FL 34711

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TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Central Florida Primary Care Associates, Inc.

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

P 97 0000 98235

(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:

Central Florida Primary Care Associates, P.A.

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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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)

_____, Florida
(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: 9-4-08

Effective date if applicable: _____

(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 9-4-08

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)

Robert L. Batenis, D.D.

(Typed or printed name of person signing)

President / Director

(Title of person signing)