

P98000056730

AGR Management, Inc.
1700 Medical Lane
Suite 119
Fort Myers, Florida 33907

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
98 NOV 18 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

900002670959--3
-10/23/98--01030--015
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Amend v.N.C.
11-18-98



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 27, 1998

AGR MANAGEMENT, INC.
1700 MEDICAL LANE
SUITE 117
FT. MYERS, FL 33907

SUBJECT: CMB MEDICAL OF VENICE, INC.
Ref. Number: P98000056730

We have received your document for CMB MEDICAL OF VENICE, INC. 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 798A00052758

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

C.M.B. MEDICAL OF VENICE, INC.

_(Present Name)

Pursuant to the provisions of section 607.1006, Florida Profit Corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article #1: PINES MEDICAL, Inc.

Article # 6: President : Anthony Ante Stampalia
12618 Maypan Drive
Boca Raton, Florida 33428

Article # 4: Registered Agent: Lucille Ann Barselou
15758 Treasure Island Lane
Fort Myers, Florida 33905

** See ATTACHED ACCEPTANCE*

SECOND: 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, are as follows:

N/A

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TALLAHASSEE, FLORIDA

FILED

THIRD: The date of each amendment's adoption: All on 10/20/98

FOURTH: Adoption of Amendment(s) (Check One)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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 _____"

☐ 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.

Signed this 21 day of October, 1998.

Signature

(By the chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Gez Agolli, Pres.

Typed or printed name

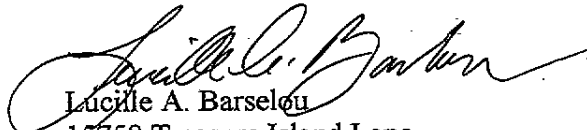
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

November 1, 1998

Dear Sir or Madame;

I Lucille A. Barselou, am accepting the position of Registered Agent for CMB Medical of Venice, Inc. I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited Liability Company.

Sincerely,



Lucille A. Barselou
15758 Treasure Island Lane
Fort Myers, FL 33905

LAB/lab

Ref: letter # 798A00052758