

P990000030664

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2019 JAN 30 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FL

R. WHITE  
FEB 05 2019

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Medi-quick Urgent Care Centers, LNC.  
DOCUMENT NUMBER: P99000030664 59-3557085

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

Please return all correspondence concerning this matter to the following:

Dave Culver  
Name of Contact Person  
Island Doctors, LLC  
Firm/ Company  
100 Agricola Ave  
Address  
St. Augustine, FL 32080  
City/ State and Zip Code  
dave@islanddoctors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dave Culver at ( 904 ) 886-9863  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Meli-Quick Urgent Care Center, Inc.

2019 JAN 30 PM 2:33

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

P99000030664

(59-3557085)

DATE OF FILING  
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:

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)

100 Arrecicola Ave.

St Augustine, Fl. 32080

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above.

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

Dave Culver

100 Arrecicola Ave.

(Florida street address)

New Registered Office Address:

St. Augustine

Florida

32080.

(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.

David A. Culver

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:

X Change      PT      John Doe  
X Remove      V      Mike Jones  
X Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u> <u>Add</u> <u>X</u> Remove	<u>PD</u>	<u>Shaw, Dudley A.</u>	<u>2312 S. Daytona Ave</u> <u>Palm Beach, FL 32137</u>
2) <u>Change</u> <u>Add</u> <u>X</u> Remove	<u>PV</u>	<u>Butler, David</u>	<u>668 Lake Asbury Dr.</u> <u>Green Cove Springs, FL 32043</u>
3) <u>Change</u> <u>X</u> Add <u>Remove</u>	<u>P.</u>	<u>Roy H. Ninman Jr. MD</u>	<u>100 Areicola Ave</u> <u>St. Augustine, FL 32080</u>
4) <u>Change</u> <u>Add</u> <u>X</u> Remove	<u>SD</u>	<u>Santiago, Raymond</u>	<u>6 Office Park Dr.</u> <u>Palm Coast, FL 32137</u>
5) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____	_____
6) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____	_____

(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: \_\_\_\_\_  
(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 1-23-19

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)

Roy H. Hinman II, MD  
(Typed or printed name of person signing)

Pres.

(Title of person signing)