

S17507

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AND  
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07 NOV 21 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Auer*

C. Courtney NOV 28 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Ocala Critical Care & Kidney Group, Inc.

**DOCUMENT NUMBER:** 517507

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

Please return all correspondence concerning this matter to the following:

Debbie L. Schlosser  
(Name of Contact Person)

Ocala Critical Care & Kidney Group, Inc.  
(Firm/ Company)

2980 SE 3rd Court  
(Address)

Ocala FL 34471  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Debbie L Schlosser at ( 352 ) 622-4231  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

Ocala Critical Care & Kidney Ctr, Inc.

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

317507

(Document number of corporation (if known))

APPROVED  
AND  
FILED  
07 NOV 21 AM 11:33  
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:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

amend-	Melvin M Seek MD	Director / Co. President
amend-	Izu Chukwu E. Nwankoby MD	Director / Co. President
amend-	L. Arlie Willard MD	Director / Vice-President
amend-	Harold R Locay MD	Director / Secretary
add-	Suresh Lakshminarayanan MD	Director / Treasurer
add-	Timothy W. Rogers MD	Director / Sergeant at Arms
add-	Baudouin Leclercq MD	Director / Assistant Secretary
delete	Thomas J Fuller MD	as Director / President
delete	Gregory R Thompson	as Treasurer

(Attach additional pages if necessary)

If an amendment provides for 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: August 8, 2007

Effective date if applicable: August 8, 2007  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were approved 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.

Signature

Melvin M. Seekwu I. Nwachukwu  
(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)

Melvin M Seekwu

Izuchukwu E. Nwachukwu

(Typed or printed name of person signing)

Co - president

Co - President .

(Title of person signing)

**FILING FEE: \$35**