

NO20000001266

Requester's Name
Alert 2002, Inc.
Address
218 S. Monroe St.
Tallahassee, FL 32301
City/State/Zip Phone #
(850) 224-9403

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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

1. Alert 2002, Inc.
(Corporation Name)

(Document #)

none
Change
Amend

2. _____
(Corporation Name)

(Document #)

3. _____
(Corporation Name)

(Document #)

4. _____
(Corporation Name)

(Document #)

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☒ Walk in

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☒ Certified Copy

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☒ Will wait

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☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

OR

7/3/02

ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION
OF
ALERT 2002, INC.

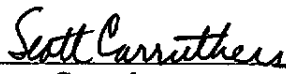
The Board of Directors of the nonprofit Corporation now known as Alert 2002, Inc. (Charter Number N02000001266), pursuant to the provisions of Section 617.1006, Florida Statutes, hereby adopts the following articles of amendment to its articles of incorporation, to reflect a name change. Such article shall hereafter read:

Article I

The name of the Corporation is "Floridians for Patient Protection, Inc." The address of the Corporation is 218 South Monroe Street, Tallahassee, Florida 32301.

The above change has been adopted and approved by the Board of Directors of the Corporation at a meeting held on June 26, 2002. There are no members entitled to vote on the amendment. The amendment was adopted by the Board of Directors.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this 26 day of June, 2002.

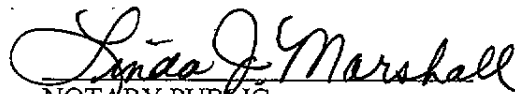


Scott Carruthers
President

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument was acknowledged before me on this 26 day of June, 2002, by Scott Carruthers, President, X who is personally known to me OR _____ who has produced satisfactory evidence of identification (check one).

Type of Identification Produced: _____



NOTARY PUBLIC

My Commission Expires:

