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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Kimberly K. VanHom, P.A.		
DOCUMENT NUMBER: P01000067305		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Jeffrey P. Milhausen, Esq.		
(Nan	ne of Person)	
Miller, South, Milhausen & Carr, P.A.		
(Name of	FFirm/ Company)	
2699 Lee Road, Suite 120	A 34	
(Address)	
Winter Park, Florida 32789		
(City/ Sta	ite/ and Zip Code)	
For further information concerning this matter, p	please call:	
Robin Lane	at (_407) _539-1638_	
(Name of Person)	(Area Code & Daytime	relephone Number)
Enclosed is a check for the following amount:		
✓ \$35 Filing Fee	☐ \$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 409 E. Gaines Street Tallahassee, FL 32399	

Articles of Amendment to Articles of Incorporation of

Kimberly K. VanHorn, P.A.

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

FILED PHE: 41

AFEB 24 PHE: 41

AFEB 24 PHE: 41

P01000067305

(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:

NEW CORPORATE NAME (if changing):

Kimberly K. Philbrick, P.A.
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Article Added:
ELEVENTH: The Corporation shall immediately adopt a Medical and Dental Reimbursement Plan
in accordance with the requirements of all State and Federal laws, rules, regulations and requirements,
and shall immediately reimburse Kimberly K. Philbrick for all medical and dental expenses in accordance v
this Plan and all State and Federal laws, rules, regulations and requirements, and the President, Kimberly
K. Philbrick, is hereby authorized and directed to take any and all action necessary or desirable to comply
with all requirements of the resolution so adopted.
(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
N/A
(continued)

The date of each amendment(s) adoption: October 18, 2003
Effective date if applicable: October 18, 2003
(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 f 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 b
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder act and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action a shareholder action was not required.
Signed this 9th day of February , 2004
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)
Kimberly K. Philbrick (Typed or printed name of person signing)
(1) pod of printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35