P02000079085

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P02000079085
HBaud 2-24-04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Carol T. Germino, P.A.

DOCUMENT NUMBER: P02000079085

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

Please return all correspondence concerning this matter to the following:

Jeffrey P. Milhausen, Esq.
(Name of Person)

Miller, South, Milhausen & Carr, P.A.
(Name of Firm/ Company)

2699 Lee Road, Suite 120
(Address)

Winter Park, Florida 32789
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Robin Lane at (407) 539-1638
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

Carol T. Germino, P.A.
(Name of corporation as currently filed with the Florida Dept. of State)

P02000079085
(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:

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TALLAHASSEE, FLORIDA

NEW CORPORATE NAME (if changing):

Carol T. Grande, 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 Carol T. Grande for all medical and dental expenses in accordance with this Plan and all State and Federal laws, rules, regulations and requirements, and the President, Carol T. Grande, 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: July 5, 2003

Effective date if applicable: July 5, 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 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.

Signed this 9th day of February, 2004.

Signature Carol T. Grande
(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)

Carol T. Grande
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: $35