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15/18/06

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Pati	Ricia M Wilson	a PA
DOCUMENT NUMBER:	2	7 9 000 13343	0
The enclosed Articles of Amendm	ent and fee are:	submitted for filing.	
Please return all correspondence c	oncerning this n	natter to the following:	
Po	Ricia (Name of C	U1150N - C1PO	<u>ue</u>
	(Firm/	Company)	
1001	45 BE	MT G (ASS C Idress)) R
116	(City/ State	1 3 4113 and Zip Code)	>
For further information concerning	g this matter, ple	ase call:	
(Name of Contact Person	on - C-borre	1 at (<u>239</u>) <u>59</u> (Area Code & Daytime	5 - Lo 7 8 8 e Telephone Number)
Enclosed is a check for the following	ng amount:		
□\$35 Filing Fee □\$43.75 Filin Certificate	_	□\$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 Ci Tallahassee, FL 32301	ircle

Articles of Amendment to

SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Incorporation 06 JAN 11 PM 12: 14

Patricia M. Wilson PA	
(Name of corporation as currently filed with the Florida Dept. of State)	_
P02010133430	
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> dopts the following amendment(s) to its Articles of Incorporation:	n
NEW CORPORATE NAME (if changing):	
Patricia Wilson-Cipolla PA	
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./	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	r(s)
	_
	
(Attach additional pages if necessary)	
f an amendment provides for exchange, reclassification, or cancellation of issued shares, provisor implementing the amendment if not contained in the amendment itself: (if not applicable, indicated)	

(continued)

The date of each amendment(s) adoption:
Effective date if applicable: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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 (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) (Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35