

P030000059418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

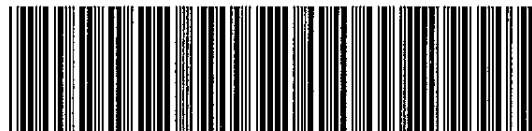
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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None Change &
Amend

17/20/04 --01054--017 **35.00

FILED
04 JUL 20 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 JUL 20 PM 1:03
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

ADR
7/20/04

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FI 32308

City/St/Zip

850-222-2785

Phone #

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

1- ADMINISTRATIVE HEALTHCARE SERVICES, INC.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

☐	Profit
☐	Non-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
☐	Name Reservation

REGISTRATION/QUALIFICATION

☒	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADMINISTRATIVE HEALTHCARE SERVICES, INC.

DOCUMENT NUMBER: P03000059418

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

Please return all correspondence concerning this matter to the following:

T. GEOFFREY HEEKIN, ESQUIRE

(Name of Person)

HEEKIN, MALIN & WENZEL, P.A.

(Name of Firm/ Company)

P.O. BOX 477

(Address)

JACKSONVILLE, FL 32201

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

T. GEOFFREY HEEKIN

(Name of Person)

at (904) 355-7000

(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

ADMINISTRATIVE HEALTHCARE SERVICES, INC.

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

P03000059418

(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):

APEX REALTY OF FLORIDA, INC.

(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 VI - NANCY G. RALSTON - PRESIDENT, TREASURER, 3107 SPRING GLEN ROAD,

SUITE 200, JACKSONVILLE, FL 32207

JAMES W. SPRIGGS, III, VICE PRESIDENT, 3107 SPRING GLEN ROAD, SUITE 200, JACKSONVILLE,

FL 32207

LORRIE BURCH, VICE PRESIDENT, SECRETARY, 3107 SPRING GLEN ROAD, SUITE 200,

JACKSONVILLE, FL 32207

(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)

(continued)

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: July 13, 2004

Effective date if applicable: July 13, 2004
(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 13th day of July, 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)

JAMES W. SPRIGGS, III

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

FILING FEE: \$35