

P04000049576

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*Amend*

*6/18*

*23*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Comprehensive Neurology Clinic P.A

**DOCUMENT NUMBER:** PO4000049576

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

Please return all correspondence concerning this matter to the following:

Refaat EL-Said, M.D.

(Name of Contact Person)

Comprehensive Neurology Clinic

(Firm/ Company)

250 North Alafaya trail, suite 115

(Address)

Orlando, FL 32828

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Refaat EL-Said, M.D. at ( 407 ) 208-0708  
(Name of Contact 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

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Comprehensive Neurology Clinic P.A

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

PO 4000049576

(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):** N/A

(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.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

*I am familiar with the obligations of the Refaat El-Said*

- Registered agent: Refaat EL-Said, M.D.  
250 North Alafaya trail, Suite 115  
Orlando, FL 32828 (Please delete old agent)
- Officer/Director Detail: Refaat EL-Said, M.D.  
250 North Alafaya trail, Suite 115  
Orlando, FL 32828 (Please note name and address) corrected
- Principle address: 250 North Alafaya trail, Suite 115  
Orlando, FL 32828
- Mailing address: 250 North Alafaya trail, Suite 115  
Orlando, FL 32828 (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

The date of each amendment(s) adoption: 8/11/04

Effective date if applicable: 8/11/04  
(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 11<sup>th</sup> day of August, 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)

Refaat El-Said, M.D.  
(Typed or printed name of person signing)

Director  
(Title of person signing)

**FILING FEE: \$35**