P09000055039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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None Change

11/02/09--01060--020 **52.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/4/09

**COVER LETTER**

**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** INFECTIOUS DISEASES OF THE TREASURE COA

**DOCUMENT NUMBER:** P09000055039

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

Please return all correspondence concerning this matter to the following:

MILOS ORLOVIC
Name of Contact Person

INFECTIOUS DISEASES OF THE TREASURE COAST PA
Firm/ Company

501 NW LAKE WHITNEY PL SUITE 102
Address

PORT ST LUCIE, FL 34986-1615
City/ State and Zip Code

MILOSORLOVIC@ATT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MILOS ORLOVIC at ( 772 ) 343-1570
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☑ $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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment**
**to**
**Articles of Incorporation**
**of**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INFECTIOUS DISEASES OF THE TREASURE COAST, P.A.
**(Name of Corporation as currently filed with the Florida Dept. of State)**

P09000055039
(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:

**A. If amending name, enter the new name of the corporation:**

INFECTIOUS DISEASES OF THE TREASURE COAST PA *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**
***(Principal office address MUST BE A STREET ADDRESS)***

501 NW LAKE WHITNEY PL
SUITE 102
PORT ST LUCIE, FL 34986-1615

**C. Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

501 NW LAKE WHITNEY PL
SUITE 102
PORT ST LUCIE, FL 34986-1615

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:* MILOS ORLOVIC

*New Registered Office Address:* 501 NW LAKE WHITNEY PL SUITE 102 *(Florida street address)*

PORT ST LUCIE *(City)*, Florida 34986-1615 *(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

M. O

*Signature of New Registered Agent, if changing*

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**
*(Attach additional sheets, if necessary)*

| Title | Name | Address | Type of Action |
|---|---|---|---|
| N/A | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |

**E. If amending or adding additional Articles, enter change(s) here:**
*(attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an 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:** 10-30-09
*(date of adoption is required)*

**Effective date if applicable:** _____
*(no more than 90 days after amendment file date)*

**Adoption of Amendment(s)** **(CHECK ONE)**

☑ The amendment(s) was/were adopted 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.

Dated 10/30/09

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)

DR. DRAGANA ORLOVIC
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)