V12638

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: A.K. VIJAPURA, M.D., P.A. DOCUMENT NUMBER: V12638 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: A.K. VIJAPURA Name of Contact Person A.K. VIJAPURA, M.D., P.A. 107 N ALEXANDER ST PLANT CITY, FL 33563 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: A.K. VIJAPURA at (813) 966-5646 Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation of

FILED

A.K. VIJAPURA, M.D., P.A	1 .	2013 AUG 29 PM	<u>4: 0`3</u>	
(Name of Corporation as currently)	filed with the Florida I	Dept. of State)	TATĒ	
			ORIDA	
(Document Number	of Corporation (if known	•	,	
bursuant to the provisions of section 607.1006, Floring Articles of Incorporation:	ida Statutes, this <i>Florida</i>	Profit Corporation add	opts the following	amendment(s)
. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co vord "chartered," "professional association," or th	rp," "Inc," or "Co". A			
3. Enter new principal office address, if applical Principal office address MUST BE A STREET AL				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE E</u>	<u> </u>			
			 	
D. If amending the registered agent and/or registered agent and/or the new registered		lorida, enter the name	e of the	
Name of New Registered Agent				
	(Florida street addre	ess)		
New Registered Office Address:		, Florida_		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing R	egistered Agent:			
hereby accept the appointment as registered agent	. I am Jamiliar with and	accept the obligations	of the position.	
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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT Joh</u>	nn Doe	·					
X Remove	<u>V</u> <u>Mi</u>	Mike Jones						
X Add	<u>SV</u> <u>Sal</u>	Sally Smith						
Type of Action (Check One)	Title	Name	<u>Addres</u> s					
I) X Change	VP	VIJAPURA CHIRAG	107 N ALEXANDER ST					
Add			PLANT CITY, FL 33563					
Remove								
2) X Change	S	VIJAPURA CHARMI	107 N ALEXANDER ST					
Add			PLANT CITY, FL 33563					
Remove								
3) Change			· · · · · · · · · · · · · · · · · · ·					
Add								
Remove								
4) Change								
Add								
Remove								
5) Change								
Add								
Remove								
O Ch								
6) Change Add								
Add								

	additional she	ets, if necess	sary). (B	le specific,)				
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provisi	nendment pro ions for impl	ementing th	e amendn	e, reciass	containe	or cancein d in the an	nendment	ueg snares itself:	l
(if	not applicabl	e, indicate l	√/A)						
•									
	<u>.</u>								
									
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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)	
(voting gively)	
☐ 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 08/21/2013	
Signature A	
(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)	_
ASHIT VIJAPURA	
(Typed or printed name of person signing)	<u></u>
MDPA	
(Title of person signing)	_