

P96000029481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100184048541

08/20/10--01039--002 \*\*25.00

09/24/10--01003--007 \*\*10.00

FILED  
2010 SEP 23 P 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend  
Tlew's  
9-24-10*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Atlantic Podiatry Associates, DPM, PA

DOCUMENT NUMBER: P96000029481

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

Please return all correspondence concerning this matter to the following:

Cindy Medders  
Name of Contact Person

Atlantic Podiatry Associates, DPM, PA  
Firm/ Company

1890 LPGA Blvd. # 230  
Address

Daytona Beach, FL 32117  
City/ State and Zip Code

cmedders@atlanticpodiatry.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Medders at ( 386 ) 274-3336  
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:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is enclosed) |
|---|--|--|---|

**Mailing Address**

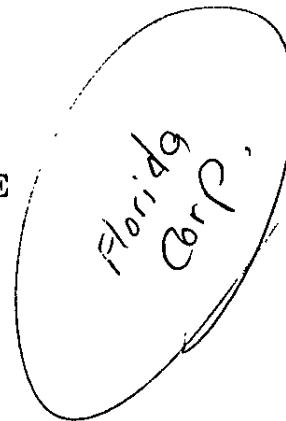
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations



August 26, 2010

JAMES W. RUST, DPM  
ATHLANTIC PODIATRY ASSOCIATES, D.P.M.  
1890 LPGA BLVD., #230  
DAYTONA BEACH, FL 32132

SUBJECT: ATLANTIC PODIATRY ASSOCIATES, D.P.M., P.A.  
Ref. Number: P96000029481

We have received your document for ATLANTIC PODIATRY ASSOCIATES, D.P.M., P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 710A00020552

RECEIVED  
10 SEP 23 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment

to

Articles of Incorporation

of

Atlantic Podiatry Associates, D.P.M., P.A.

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

P960000 29481

(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:**

*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)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

(Florida street address)

(City)

\_\_\_\_\_, Florida  
(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.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

2010 SEP 23 P 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DVST	Andrew N Green	1890 LPGA Blvd #230 Daytona Beach, FL 32117	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DVST	Andrew B Green	1890 LPGA Blvd #230 Daytona Beach, FL 32117	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**NOTE** Just correcting middle initial for Andrew<sup>B</sup> Green.

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

---

---

---

---

---

---

---

---

**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)*

---

---

---

---

---

---

---

---

The date of each amendment(s) adoption: \_\_\_\_\_

Effective date if applicable: 8/31/10 (date of adoption is required)  
(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 8/31/2010

Signature [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 Bust, DPM  
(Typed or printed name of person signing)

[Signature] President  
(Title of person signing)