

4177401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

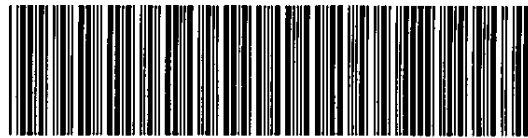
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



100102056631

05/10/07--01046--005 **43.75

NC
SJS

FILED
07 MAY 10 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JOHNSON & GILBERT, P.A.

ATTORNEYS AT LAW

ORMOND BEACH • ORLANDO

Of Counsel
R. W. Simmermon

Frank R. Johnson *

J. Lance Gilbert

Telephone: (386) 673-4412

Facsimile (386) 673-8916

*Supreme Court
Certified Mediator

**PERSONAL INJURY
SOCIAL SECURITY
WORKERS' COMPENSATION**

May 7, 2007

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

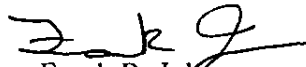
RE: Firm Name Change

Dear Sir/Madam:

Enclosed please find Articles of Amendment for JOHNSON, GILBERT & ROMANIK, P.A., changing the name to JOHNSON & GILBERT, PA. Also enclosed is a check in the amount of \$43.75 for the filing fee and certified copy fee.

Thank you for your attention to this matter.

Sincerely,



Frank R. Johnson

FRJ:dew
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JOHNSON, GILBERT & ROMANIK, P.A.

DOCUMENT NUMBER: 477401

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

Please return all correspondence concerning this matter to the following:

Frank Johnson, Esq.
(Name of Contact Person)

Johnson & Gilbert, P.A.
(Firm/ Company)

170 East Granada Blvd.
(Address)

Ormond Beach, FL 32176
(City/ State and Zip Code)

For further information concerning this matter, please call:

Frank Johnson at (386) 673-4412
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

The date of each amendment(s) adoption: 5-1-07


Effective date if applicable: 5/01/07
(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.

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)

Frank Johnson
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35