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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: INTERNAL MEDICINE GROUP		
DOCUMENT NUMBER: 602851		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
SUSAN KEETH (Name of Contact Person)		
THEARAL MEDICINE GROWP (Firm/Company)		
508 NMILLS AVE SLUTE D		
ORLANDO FL 32803. (City/State/and Zip Code)		
For further information concerning this matter, please call:		
SUSAN KEETH at (407) 898-4331 X 109 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Street Address Amendment Section		

Division of Corporations

409 E. Gaines Street

Tallahassee, FL 32399

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 21, 2005

SUSAN KEETH 508 N MILLS AVE STE D ORLANDO, FL 32803

SUBJECT: INTERNAL MEDICINE GROUP, DRS. GILES AND HELLINGER.

P.A.

Ref. Number: 602851

We have received your document for INTERNAL MEDICINE GROUP, DRS. GILES AND HELLINGER, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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) 245-6927.

Tracy Smith Document Specialist

Letter Number: 405A00012044

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Articles of Amendment to Articles of Incorporation

01 2
INTERNAL MEDICINE GROUP, DRS. GILES AND HELLENGER
(Name of corporation as currently filed with the Florida Dept. of State)
602851
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
INTERNAL MEDICINE GROUP, P.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)
the state of the s
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(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)

(continued)

The date of each amendment(s) adoption: 12/15/03
Effective date if applicable: (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 9 day of FEBRUARY 2005
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)
DAVIO T. SMUCKLER (Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35