1003892

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SECRETARY OF STAIL DIVISION OF CORPORATIONS

Anund CUS Number 8

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	Clarkson & Kidd, D.O., P.A.			
DOCUMENT NUMBER:		603892			
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.			
Please return all co	orrespondence concerning th	is matter to the following:			
		Philip K. Clarke			
	Ŋ	Name of Contact Person			
		Kass Shuler, P.A.			
Firm/ Company					
1505 N. Florida Avenue					
Address					
Tampa, FL 33602					
		City/ State and Zip Code			
	pclark E-mail address: (to be use	e@kasslaw.com ed for future annual report notification)			
For further informa	ation concerning this matter,	please call:			
Philip K. Clarke		at (<u>813</u>) <u>229-090</u>	00, ext. 1305		
	of Contact Person	Area Code & Daytime Tele	•		
Enclosed is a check	k for the following amount n	nade payable to the Florida Departi	ment of State:		
□ \$35 Filing Fee		☐ \$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

CLARKSON	& KIDD, D.O., P.A	. .	
(Name of Corporation as curre	ently filed with the Florid	la Dept. of State)	ب م
	603892		江东
	ber of Corporation (if known	own)	30
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	Clorida Profit Corporation adopts	the follo
A. If amending name, enter the new name of	the corporation:		
CLARKSON 8	& COLLINS, D.O., P.A	A. Th	ie new
name must be distinguishable and contain the subbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "programs."	designation "Corp," "Inc	c," or "Co". A professional corpe	or the oration
B. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or representations of the polytography and the polyt	cegistered office address i	in Florida, enter the name of the	
new registered agent and/or the new regis	stered office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing thereby accept the appointment as registered a	gent. I am familiar with a		sition.
ა	ignature of New Registere	a Agem, ij chunging	

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>	Type of Action
DP	TODD CLARKSON	13020 PARK BLVD SEMINOLE FL 33776	☑ Add □ Remove
DTS_	DONALD COLLINS	13020 PARK BLVD SEMINOLE FL 33776	☑ Add □ Remove
<u>TD</u>	KRISTA KEITH		
	ding or adding additional Articles, end dditional sheets, if necessary). (Be specified to the specified of t		
F. If an a	mendment provides for an exchange,	raclassification or cancellation o	ficcued chares
provisi	ons for implementing the amendmen	t if not contained in the amendme	ent itself:
N/A	not applicable, indicate N/A)		
1077			
	_		