730792

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(Ad	dress)	
. (Add	dress)	1-30-10
(City	y/State/Zip/Phon	e #)
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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: ChoiceCare Wo	omen's Clinic, Inc.	
DOCUMENT NUI	MBER: 730792		
The enclosed Articl	es of Amendment and fee are	submitted for filing.	
Please return all cor	respondence concerning this n	natter to the following:	
	Lu	cia Barone	
	(Name	of Contact Person)	
	ChoiceCare W	/omen's Clinic, Inc.	
	(F	irm/ Company)	
	P. O.	Box 7608	
		(Address)	
		Florida 34101	
	(City/ s	State and Zip Code)	
		n@cpcimedical.com used for future annual report notif	fication)
For further informat	tion concerning this matter, ple	ease call:	
Vau T	*h	at (239) 262.63	94
	hurston e of Contact Person)		time Telephone Number)
·	,	e payable to the Florida Departm	•
□\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address	Street Address	ŕ
	endment Section	Amendment Section Division of Corpora	
	ision of Corporations . Box 6327	Clifton Building	anons
	ahassee, FL 32314	2661 Executive Cer	nter Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



	ChoiceCare Women's Clinic
<u>. </u>	(Name of Corporation as currently filed with the Florida Dept. of State)
	730792
	(Document Number of Corporation (if known)

(Document Number of Corpo	oration (if known)	
Pursuant to the provisions of section 617.1006, Florida Statuthe following amendment(s) to its Articles of Incorporation:	ntes, this <i>Florida Not Fe</i>	or Profit Corporation adopts
A. If amending name, enter the new name of the corpora	ation:	
Community Pregnancy Clinics, Inc.		
The new name must be distinguishable and contain the wabbreviation "Corp." or "Inc." "Company" or "Co." may	ord "corporation" or ' not be used in the nam	"incorporated" or the l <u>e</u> .
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>N/A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida address:	, enter the name of the
Name of New Registered Agent:		
New Registered Office Address: (F	lorida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registere thereby accept the appointment as registered agent. I deposition.		accept the obligations of the
Signature of N	New Registered Agent, if	Cchanging

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Name		Address	
1)	N/A			
2)				
3)	***************************************	<u></u>		
4)				
5)				
6)				
If REMOVING removed:	an officer and/or director, p	lease list the title(s) a	nd name of the officer	-/director to be
Title(s)	Name	Title(s)	<u>Name</u>	
1)	N/A	4)		
2)		5)		
3)		6)		

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)			
N/A				
	· · · · · · · · · · · · · · · · · · ·			
				
				
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			···	

The date of each amendment	(s) adoption: November 9, 2011
	(date of adoption- required)
Effective date if applicable:	November 10, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or m adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated Nove	ember 10, 2011
Signature	Lucie Barone
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator — if in the hands of a receiver, trustee, over court appointed fiduciary by that fiduciary)
	Lucia Barone
	(Typed or printed name of person signing)
	Board Chairman
	(Title of person signing)

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