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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 21 2014

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Annie Thomas, M.D., P.A.

DOCUMENT NUMBER: J45244

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

Please return all correspondence concerning this matter to the following:

Dr. Annie Thomas

Name of Contact Person

Annie Thomas, M.D., P.A.

Firm/ Company

3684 Tampa Road Unit 3

Address

Oldsmar, FL 34677

City/ State and Zip Code

tom@thomas-mail.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Annie Thomas

at (727) 692-8010

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:~~

☒ ~~\$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)~~

~~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

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14 APR 14 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Annie Thomas, M.D., P.A.

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

J45244

(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

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 04/10/2014

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 04/10/2014

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)

Dr. Annie Thomas

(Typed or printed name of person signing)

Director

(Title of person signing)