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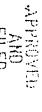
SECRETARY OF STATE

14 APR 14 AH 8: 48 secretary of state

C. LEWIS

APR 21 2014

EXAMINER



COVER LETTER

TO: Amendment Sec Division of Corp			
NAME: OF CORPO	RATION: Annie Thom	nas, M.D., P.A.	
DOCUMENT NUM	145044		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
The state of the state of	Dr. Annie Thomas	(현실) (ĐU) (ĐU) (ĐU) (ĐU) (ĐU) (ĐU) (ĐU) (Đ	
	Annie Thomas, M	Name of Contact Person .D., P.A.	
		Firm/ Company	
	3684 Tampa Road Unit 3		
		Address	
	Oldsmar, FL 3467	77	·
		City/ State and Zip Code	;
tor	n@thomas-mail.us	.	
, 1 Induces		ed for future annual report	notification):
For further information	on concerning this matter, pleas	e call:	
Dr. Annie Th	iomas	at (727	692-8010
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is alcheck f	or the following amount made to	payable to the Florida Depa	riment of State:
S35 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)
(iDi) MP.0	illing Address prediction vision of Corporations' D'Box 6327 Fluid 2314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle cassee, FL 32301

APPROVEL AND FILED

Articles of Amendment to Articles of Incorporation

14 APR 14 AM 8: 48

, SECRETARY OF STAFE TALLAHASSEE, FLORIDA

s the following amendment(s) The new ed" or the abbreviation in ame must contain the
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of the
<u> </u>
(Zip Code)

address of each Office (Attach additional shee Please note the officer/ P = President; V= Vic Executive Officer; CFC held President, Treasu Changes should be not	er and/or Directons, if necessary) Idirector title by the President; T= TO = Chief Finance, orer, Director would in the following leaves the corpora	r being added: ne first letter of the office title: Freasurer; S= Secretary; D= Director; TR- ial Officer. If an officer/director holds mo ld be PTD. g manner. Currently John Doe is listed as a tition, Sally Smith is named the V and S. The th, SV as an Add.	cer/director being removed and title, name, and a serious error of the contract of the contrac
X Remove		: Jones	ì
		• .	•
<u>X</u> Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	' <u>Name</u>	Address
1) Change	<u>D</u>	Dr. Thomas Thomas	3684 Tampa Road
Add			Unit 3
Remove			Oldsmar, FL 34677
	•		
2) Change			
Add		•	
Remove	,		
3) Change	<u></u> ,	·	
Add			
Remove			
L		, . *	
4) Change			
Add		en en en die en	
Remove			
5) Change			
Add		***************************************	
Remove	,	•	
Change	,		

Remove

Attach additional sheets, if necessary). (Be specific)		•
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F. If an amendment provides for an 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)		
		,.
		
	· 	

APPROVL-AND FILED

The date of each amendment	(s) adoption:	14 APR 14 AM 8: 48	, if ot	her than the
date this document was signed Effective date if applicable:		SECRETARY OF STAFE TALLAHASSEE, FLORIDA		
	(no mo	re than 90 days after amendment file date)		
	.:			
Adoption of Amendment(s)	(CHECK O	<u>NE</u>) [.]		
The amendment(s) was/wer by the shareholders was/we		ders. The number of votes cast for the amendment(s)		
		olders through voting groups. The following statement ntitled to vote separately on the amendment(s):	!	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval		前海道。
by				
	(voting grou	(q)		
The amendment(s) was/wer action was not required.	re adopted by the board of	directors without shareholder action and shareholder		
The amendment(s) was/we action was not required.	re adopted by the incorpor	ators without shareholder action and shareholder	(i)	
Dated_04/	10/2014	·	. ¥.	•
√Signature			···	
So		other officer — if directors or officers have not been — if in the hands of a receiver, trustee, or other court fiduciary)		•
	Dr. Annie Thon	nas	ι	
	Γ).	yped or printed name of person signing)		, (d)
. The second at	Director			7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -