

L14841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

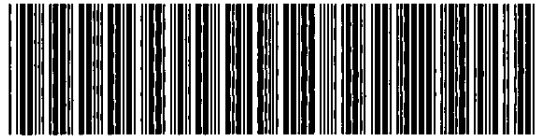
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts NOV 21 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2007

SARAH ROWLAND-VARNER, PARALEGAL
KELLEY & FULTON, P.A.
1665 PALM BEACH LAKES BLVD STE 1000
WEST PALM BEACH, FL 33401

SUBJECT: WOODLAKE PSYCHOLOGICAL ASSOCIATES, P.A.
Ref. Number: L14841

We have received your document for WOODLAKE PSYCHOLOGICAL ASSOCIATES, 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):

Please check only one box under the adoption of amendment.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 307A00061355

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2007 NOV 21 AM 8:00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Woodlake Psychological Associates, P.A.

DOCUMENT NUMBER: L14841

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

Please return all correspondence concerning this matter to the following:

Sarah Rowland-Varner, Paralegal

(Name of Contact Person)

Kelley & Fulton, P.A.

(Firm/ Company)

1665 Palm Beach Lakes Blvd., Suite 1000

(Address)

West Palm Beach, FL 33401

(City/ State and Zip Code)

For further information concerning this matter, please call:

Sarah Rowland-Varner, Paralegal

(Name of Contact Person)

at (561) 491-1200 x 109

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

**Articles of Amendment
to
Articles of Incorporation
of**

Woodlake Psychological Associates, P.A.

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

L14841

(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:

NEW CORPORATE NAME (if changing):

(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)**

Officers/Directors - Dr. Raul Diaz, Ph.D. is hereby deleted as Director and Dr. Paul

Bryan, Jr., Ph.D. is hereby added as President and Secretary.

Registered Agent: Dr. Paul Bryan, Jr., Ph.D. is hereby deleted as Registered Agent and

Craig I. Kelley, Esquire is hereby added as Registered Agent.

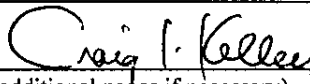
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree

to comply with the provisions of all statutes relative to the proper and complete performance of my duties,

and I am familiar with and accept the obligation of my position as registered agent.

Craig I. Kelley, Esquire's address is 1665 Palm Beach Lakes Blvd., Suite 1000, West Palm Beach, FL 33401.

Signature as registered agent:



(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)

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: October 4, 2007

Effective date if applicable: October 4, 2007
(no more than 90 days after amendment file date)

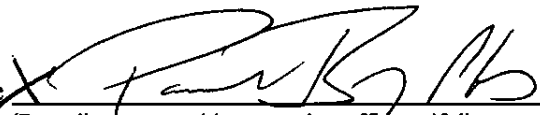
Adoption of Amendment(s) **(CHECK ONE)**

- ☒ 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.

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. Paul Bryan, Jr., Ph.D.
(Typed or printed name of person signing)

Director & President
(Title of person signing)

FILING FEE: \$35