L21420

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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corp	orations			
NAME OF CORPOR	RATION: DAVENPO	RT P.A.		
DOCUMENT NUM	BER: L21420			
	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this mat	tter to the following:		
	ALEX MARRERO			
		Name of Contact Persor)	
	DAVENPORT M	1ARRERO		
		Firm/ Company		
	7324 SPRING HI	LL ROAD		
		Address		
	JACKSONVILLE,	, FL 32244		
		City/ State and Zip Code	2	
ΔN	1ARRERO@DAVE	NPORTPA NET	Т	
7 (10		sed for future annual report		
		·		
For further information	on concerning this matter, pleas	se call:		
ALEX MARF	RERO	at (904	, 234-6059	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment 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)	
	iling Address		Address	
Amendment Section Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DAVENPORT P.A.				
(Name of Corporation as currently t	filed with the Florida Dep	ot. of State)		
L21420				
(Document Number o	f Corporation (if known)		· ,	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florida Pr</i>	ofit Corporation adopt	s the following a	amendment(s) to
A. If amending name, enter the new name of the c	corporation:			
DAVENPORT MARRERO P.A.			7	he new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A pi		ed" or the abb.	reviation
B. Enter new principal office address, if applicable	اما		7.7	1 1 1 1 1 1 1 1 1 1
(Principal office address MUST BE A STREET AD	DRESS)			- ₹
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE Bo</u>	<u></u>		Sa Tru	MOV 20 PM 12: 32
D. If amending the registered agent and/or registered new registered agent and/or the new registered		rida, enter the name o	f the	
Name of New Registered Agent				
	(Florida street address)			
V D	(* ************************************			
New Registered Office Address:	(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		ecept the obligations of	the position.	
Signature of N	New Registered Agent, if ch	anging		

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>aith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

tach <i>addition</i>	adding additional Ar al sheets, if necessary)	. (Be specific)			
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an amenome rovisions for	nt provides for an ex- implementing the an	<u>cnange, reciassi</u> sendment if not	contained in the	eliation of issued	snares,
(if not app	licable, indicate N/A)		tolleant in the	- Willest Williams I was	
	-				
		·			
					

The date of each amendment(s) adoption: 11/15/2012				
Effective date <u>if applicable</u> :				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.			
	proved by the shareholders through voting groups. The following statement reach 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)			
	(voting group)			
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder			
action was not required.	spied by the incorporators without shareholder action and shareholder			
Dated 11/15/	2012 _			
Signature				
(By a c	director, provident or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court integral duciary by that fiduciary)			
	JEFFREY P. DAVENPORT, MD, CFP			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person cigning)			