

L78405

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
FEB 13 2014
EXAMINER

APPROVED
AND
FILED

14 FEB 11 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

OF

ASSOCIATED FAMILY MEDICINE, P.A.

Pursuant to the provisions of Chapter 607.1006, the undersigned Corporation hereby adopts the following Articles of Amendment to its Articles of Incorporation.

The document number of this Corporation is L78405.

1. The name of this corporation is hereby changed to **ASSOCIATED MEDICAL PRACTICE I, P.A.**

2. The Amendment was recommended by the Board of Directors to the Corporation's shareholders on January 1, 2014.

3. The Amendment was approved by the holders of a majority of the Corporation's common stock, which is the only group of the Corporation's shareholders entitled to vote on the Amendment, and the number of votes in favor of the Amendment was sufficient for approval.

I HEREBY CERTIFY that the above changes have been authorized by resolution duly adopted by the Board of Directors and the Shareholders of this corporation on the 2^{1st} day of January, 2014.

This Amendment is dated this 1st day of January, 2014.

ASSOCIATED FAMILY MEDICINE, P.A.

By: _____

SUREE VYAS, VICE PRESIDENT

APPROVED
AND
FILED

14 FEB 11 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF SEMINOLE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the aforesaid State and County, to take acknowledgments, personally appeared **SUREE VYAS, as Vice President of Associated Family Medicine, P. A.**, to me known to be the person described in or who has produced a driver's license as identification and who executed the foregoing instrument and he acknowledged before me that he executed the same for the uses and purposes therein expressed on behalf of said Corporation.

WITNESS my hand and official seal in the County and State last aforesaid this 1st day of January, 2014

Carolyn Van Sandt

Carolyn Van Sandt

(Print Name)

Notary Public/State of _____

My Commission Expires:

