

N05000004007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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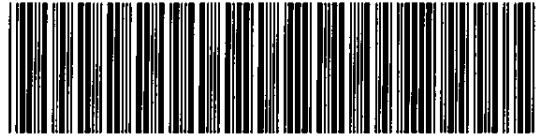
(Business Entity Name)

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*name  
change  
Amend*

04/12/07--01009--014 \*\*52.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 APR 12 PM 12:08

FILED

*ASR  
4/17/07*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** I A P O Initiative Caribbean  
Biomedical and Research Center  
Incorporated

**DOCUMENT NUMBER:** NO5000004007

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

Please return all correspondence concerning this matter to the following:

DR. FRANK L. SIMON  
(Name of Contact Person)

The SIMON Clinic, Inc.  
(Firm/ Company)

11580, 42<sup>nd</sup> Road North  
(Address)

Royal Palm Beach, Florida 33411-9192  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Dr. Frank L. Simon at (561) 793-4735  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

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2007 APR 12 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
(Dept. of State)

(Document number of corporation (if known))

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

[illegible]

The date of adoption of the amendment(s) was: April 5, 2007

Effective date if applicable: April 5, 2007  
(no more than 90 days after amendment file date)

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

☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval:

☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Dr. Frank Simon  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

DR. FRANK SIMON  
(Typed or printed name of person signing)

President / CEO  
(Title of person signing)

**FILING FEE: \$35**