# N10000002744

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Amend

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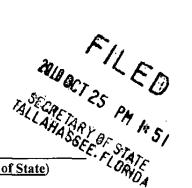
#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: United States	Medical Association, Ir	nc.
DOCUMENT NUM	BER: N10000002744		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		iliamson, Jr., Esq.	
	(Name of	f Contact Person)	
	Enterprise	Law Center, P.A.	
<del></del>	. (Firm	n/ Company)	
	2304 East	Fletcher Avenue	
	(.	Address)	
	Tampa	Florida 33612	
	···	te and Zip Code)	
		impalawcenter.com ed for future annual report notific	cation)
For further information	on concerning this matter, pleas	e call:	
Leon A. Williamso	on. Jr.	at ( 813 ) 374-22	85
	of Contact Person)		ime Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	nt of State:
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
	ing Address	Street Address	is enclosed)
	ndment Section ion of Corporations	Amendment Section Division of Corporat	ions
	Box 6327	Clifton Building	
Talla	hassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



United States Medical Association, Inc.

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

#### N10000002744

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

the following amendment(s) to its Articles of	of Incorporation:	
A. If amending name, enter the new nam	e of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	d contain the word "corporation" or "inc y" or "Co." may not be used in the name.	orporated" or the
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u>		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/o new registered agent and/or the new r	or registered office address in Florida, entegistered office address:	ter the name of the
Name of New Registered Agent:	Leon A. Williamson, Jr., Esq.	<del>_</del>
	2304 East Fletcher Avenue	
New Registered Office Address:	(Florida street address)	
	Tampa	, Florida 33612
	(City)	_, Florida 33612 (Zip Code)
New Registered Agent's Signature, if char hereby accept the appointment as registe position.	nging Registered Agent:  ered agent I am familiar with and acception of New Registered Agent, if cha	
	- /	_

Page 1 of 3

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	Robert A. Carr, Esq.	2304 East Fletcher Avenue Tampa, Florida 33612 US	☐ Add ☑ Remove
S/D_	Helena Nunn	4907 Jewell Terrace Palm Harbor, Florida 34685 US	☑ Add □ Remove
	See attached.		☐ Add ☐ Remove
E. If amendi	ing or adding additional Articles, enditional sheets, if necessary). (Be sp	nter change(s) here: pecific)	
			<del></del>

The date of each amendmen	t(s) adoption: October 20, 2010
Effective date <u>if applicable</u> :	October 20, 2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Octo	ober 20, 2010
Signature _	Joe 5. White
(By	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Joe E. Whitaker
	(Typed or printed name of person signing)
	President
	(Title of person signing)

### ADDITIONAL OFFICER/DIRECTOR AMENDMENTS

TITLE:	NAME:	Address:	Type of Action:
P/D	Joe E. Whitaker, M.D.	4108 Henderson Boulevard Tampa, Florida 33629 US	Title Change
VP/D	Samuel W. Ballinger	15934 Nottinghill Drive Tampa, Florida 33548 US	Title Change