N10000006433

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SECRETARY OF STATE

Amend & M/C

TBrown 3-11-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BRAIN HEALTH CORPORATION						
DOCUMENT N	NUMB	ER: N10000006433				
The enclosed Ar	rticles d	of Amendment and fee are subm	itted for	filing.		
Please return all correspondence concerning this matter to the following:						
-	CARL S BURAK MD JD					<u></u>
		(Name of Co	ontact P	erson)		
		BRAIN HEALTH	l COR	PORA ⁻	TION	
	(Firm/ Company)					
		482 JACKSO	NVILLI	E DRIV	/E	
_	(Address)					
		JACKSONVILLE	BEAC!	H El 9	32250	
_		(City/ State a			<u> </u>	
		buraks@	ന പരത്	nm		
		E-mail address: (to be used f			report notificat	ion)
For further information concerning this matter, please call:						
CADI C DUD) A 1/2 B #	D 10		004	E27 6755	
CARL S BUR		f Contact Person)	_ at () <u>537-6755</u> Code & Daytime	e Telephone Number)
Enclosed is a che	eck for	the following amount made paya	able to t	he Florie	da Department o	of State:
\$35 Filing Fee		☑ \$43.75 Filing Fee & Certificate of Status	□\$43 Certifi	.75 Filir ed Copy ional co	ng Fee &	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy
I I	Amendr Divisior P.O. Bo	Address ment Section of Corporations x 6327 ssee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Coassee, FL 32301	



February 25, 2011

CARL S BURAK MD JD BRAIN HEALTH CORPORATION 482 JACKSONVILLE DR JACKSONVILLE BEACH, FL 32250

SUBJECT: BRAIN HEALTH CORPORATION

Ref. Number: N10000006433

We have received your document for BRAIN HEALTH CORPORATION and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6925.

Letter Number: 211A00004844

Teresa Brown Regulatory Specialist II

www.sunbiz.org

Articles of Amendment Articles of Incorporation of

BRAIN HEALTH CORPORATION

2011 MAR -8 PM 12: 49
TALLAMASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State)

N10000006433

(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:

A. If amending name, enter the new name of the corporat	<u>ion:</u>	
BRAIN HEALTH FOUND	ATION, INC.	
The new name must be distinguishable and contain the wor abbreviation "Corp." or "Inc." "Company" or "Co." may n	rd "corporation" or "inco ot be used in the name.	orporated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N/A)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office and/or the new registered office a		er the name of the
Name of New Registered Agent:	N/A	_
New Registered Office Address: (Flo	orida street address)	_
	(City)	_, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I arposition.		nt the obligations of the
Signature of Ne	w Registered Agent, if cha	nging

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
DI <u>akto</u> a	WILLIAM SHIVERS MO CORRECT SPELLING	Same	
			
E. If amend (attach aa	ing or adding additional Articles, enter distinct distinct and sheets, if necessary). (Be specified)	change(s) herc: ic)	

The date of each amendmen	t(s) adoption: FEBRUARY 22, 2011
Effective date <u>if applicable</u> :	(date of adoption is required) FEBRUARY 22, 2011 (no more than 90 days after amendment file date)
	(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_FEB	RUARY 22, 2011
Signature	Cal l. Com
hav	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)
	Col S. En
	CARL S BURAK MD JD
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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